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INSTITUTIONAL CO-OPERATION

V. E. BLACK, M.D., Moose Jaw, Sask.

A doctor responding to a call, found a man and his wife ill with influenza. He prescribed after examination, and returning the next day to see how they were progressing, met the man at the door. "How are the patients today?" he inquired. "I'm fine," replied the man, "but I'm afraid my wife is no better." "That's too bad," said the doctor. "Did you take all the medicine?" "Yes," replied the man, "I took all the whisky and I gave the wife all the quinine." The moral of this story is that the greatest good for the greatest number depends on our willingness to take our share of the things coming to us, both of what we like and what we dislike. This is the essence of co-operation.

There are four pivotal points in the management and functioning of a hospital. The Board, the Superintendent, the Principal of Nurses, and the Medical Staff. In many hospitals, each of these considers itself *the* most important, a condition which is frequently the basis for friction. I do not intend expressing any opinion as to their relative importance, but I will say that the efficiency of a hospital can be measured in terms of the amount of co-operation that exists between them.

In considering the question of the co-operation that should exist, let us first define the word hospital. The definition I wish to give you expresses in a few words what it is, what it stands for and our duty to it. A Public Hospital is a community's expression of its humanitarian duty towards its sick and injured citizens. Thus, we start with the premise. The hospital is for the patient. We must therefore remind the Medical Staff that the hospital is not for the convenience of the doctors, but to enable them to more surely diagnose their cases and more effectually treat them, in other words, to render better service to the patient.

We must remind the Principals of some training schools that the hospital is not primarily an institution for the purpose of training young women for a profession, that efficient nursing service is the goal, and thoroughly educated and trained nurses a by-product.

We must remind Governing Boards that a hospital cannot be a money-making institution, that it cannot even be a self-supporting one, and that every possible cent

An address delivered to the Saskatchewan Hospital Association.

can be spent to advantage if thought be used in the spending. The most glorious dividends in the world are paid by it, not in dollars and cents, but in health, reduction of disability and return to activity of the husband or bread-winner, the wife or homemaker, or the child and future citizen.

We must remind Hospital Superintendents that theirs is one of the most difficult of vocations, increasing in complexity from day to day, demanding, even in ordinary times (to say nothing of times of stress like today), the utmost in business ability and foresight, as well as courtesy, tact, diplomacy and firmness. They must ever watch against attempting to fit the patient to the hospital, and must strive to fit the ever-changing methods of hospital administration to that never-changing factor, the patient, the human being in an abnormal state.

It is only a short seventy years ago that hospitals were known as Houses of Death. A name well merited, when we consider that their mortality rates, in surgery and maternity, sometimes reached 60 to 70 per cent. Picture them as having practically two departments —one to prepare the patient's food, or do washing in; the other, a ward to treat him in. Even today in some of the older hospitals, the ringbolts remain in the floor beside the bed, where, after sawdust had been sprinkled on the floor, the patient was made suitably drunk, and tied down. A knife was sharpened on a whetstone and all necessary preparations for a major operation were then considered complete. Compare such hospitals with modern institutions in one particular only—the one that is the true index of efficiency—namely, the mortality rate, and we feel justified in giving a new name to hospitals: The House of Life.

This House of Life, with its multiplicity of departments, has created a new profession, that of Hospital Managership. It has also created a need for a Board of Governors, whose work differs completely from that found in any other business institution, the only one approaching it in any respect being the modern hotel. As seen from the viewpoint of a staff member, this Board should be more or less permanent, an ideal appointment for a business man without a hobby. If he will take it up as such, he will in a few years become a wonderful aid to efficient management. I do not think any Board member can be of much value to the hospital for at least two years after appointment, no matter how good his intentions or previous business experience.

The Board, as a whole, should formulate the policies that the Superintendent will endeavour to carry out. A sub-committee of two or three, composed preferably of older board members, functioning as a consulting committee, with the Superintendent, obviates the necessity of too frequent board meetings and promotes smoother function and efficiency. I make here a plea for freedom of action on the part of the Superintendent; if he does not make good, discharge him, but the Board, having formulated a policy, should let the Superintendent carry it out, as the directors of any other institution would their managing director.

As between the Superintendent and the Principal of Nurses, co-operation is most necessary and often least in evidence. The best way to secure it, is to have the duties of the two positions so clearly set forth that there can be no trespass of one on the prerogatives of the other. From this point, co-operation will begin.

In considering the Superintendent and the Medical Staff, I would

suggest that the Superintendent be available when staff meetings are held, to slip in a few minutes to interpret to the staff the policies of the Board, to explain the reason for some change of routine, to obtain the staff's views on other aspects of hospital function. Outside of staff meetings, he should confer, on hospital matters, only with appointed members of the staff advisory committee, and prevent any members of the staff from thinking that some members have undue influence in the management, or obtain special favour.

The Superintendent should co-operate with the Medical Staff in organizing a follow-up system. Larger hospitals have these, and smaller ones can have them in miniature. It would be possible for a member of the office staff to bring, from the record room every morning, the records of cases discharged three months before. It would be the staff doctor's duty to check his records each morning, and to each case, other than those of no particular interest, have a short letter dictated by the doctor, after refreshing his memory from the record. These follow-up letters would, almost invariably, make and keep fast friends for both doctor and hospital, as well as helping to check up the results of treatment.

In considering the Principal of Nurses in her relation to the Medical Staff, I must begin with a plea —may she always remember that her work has two objectives—a major and a minor. I am afraid that at times their positions are reversed. The major objective must always be to obtain, through nursing service, the best possible care of the patient. The minor, the equipping of young women to enter the field of nursing.

There is to my mind today a very grave danger in smaller hospitals where either the eight-hour system or a block system does not exist, that, in an attempt to have the nurse fitted to write examinations for certificates, we either run the risk of breaking her physically or of asking her to carry on nursing duty when fatigue from the work of lecture and study have rendered her unfit to give good nursing service.

I strongly protest too much lecturing. As I look back, it seems strange that so large a percentage of the more successful nurses come from those who seemed only average and sometimes less in examination. Let us never forget, the true nurse is born, not made. I think again, an advisory committee of the Medical Staff should be appointed to whom the Principal can go on matters concerning nursing service, nurses or their training.

The Medical Staff must remember that their responsibility to the nurse-in-training extends from her acceptance to her graduation and after. They owe it to her to teach her, on duty as well as at lecture, to point out with kindness and consideration her mistakes, not in front of patients, to give her little pointers of value, and to watch her health, though the periodic health examinations which are now being done in some places pretty well takes care of that. It is often said that the trained nurse is extravagant and wasteful in the home. I wonder if the staff doctor ever thinks how much he is to blame for that habit? In other words, how many staff men are as careful in the use of hospital supplies, gauze, bandages, catgut, syringes, etc., as they are of their own? Yet we do all this under the watchful eyes of a nurse-in-training.

In earlier hospitals, the Medical Staff and the Board were one and the same, but as the complexity of hospitals increased and the world became more aware of the inapti-

tude of the doctor for business, the two separate bodies came into existence. Now it is not considered good form for a medical man in practice to be a member of the Board, though an advisory committee of the staff is most valuable. These two bodies too often stand far apart, and eye one another with suspicion. The Board contends that the doctor considers only his own convenience, thinks the hospital built for him, is constantly asking for things not absolutely necessary, keeps non-paying patients there longer than necessary rather than make non-paying calls outside, is wasteful of supplies and many other things. Sometimes, in some of these respects, the Board is right.

The Medical Staff, on the other hand, having a hard time to keep up with newer hospital procedures and new forms of treatment, think that a frequently changing Board, composed of men with a dozen other interests demanding their attention, can know very little of modern hospital management, but think mostly in terms of dollars and cents, instead of lives and health; that they try to make the hospital self-supporting, a thing it cannot be, and many other things, and sometimes in some of these things the staff is right. This is not as it should be, and the understanding of one by the other is the only way to cure it.

One of the best ways to help would be, once or twice a year, to have the two groups meet around the dinner table, not to scratch one another's backs, but after dinner, with pipe or cigar, to listen to one or two thoughtful speeches by members of both groups, each setting out its viewpoint. Education of each regarding the other's problems would take place, and co-operation begin. Such a co-operative move between the staff and the Board would enable the hospital better to fill one of its recognized but too little used functions, that of a centre of health, knowledge and education.

If an article is published in the local paper on a health subject or given over the radio, by one of the staff, the question of an attempt at undue publicity is raised immediately, but if, through arrangements made by the Board with the paper or radio, an article once a month or less were given, sponsored by the hospital, the effect on the public would be favourable to the hospital and doctors alike. For example, an article might appear in a January edition of the local paper on measles, its beginnings, its course, complications, etc., sponsored by the hospital or hospitals of the city. This could be followed in February by one on diphtheria, and these could be carried on, touching on child welfare, occupational diseases, appendicitis, or a hundred different subjects, and all be reflected in the public mind by favourable reaction to hospital and doctor alike.

Here is another point on which co-operation between Medical Staff and Board might affect a saving to the hospital. The average stay of private and semi-private cases in our hospital this last year is 9.6 days; the average in the public wards is 17.9 days. Another hospital in the Province has an average stay in hospital this year which is two days longer than the average of last year. Some may incline to blame the staff for keeping patients too long, but the real blame in many cases must go back to the city itself, as undoubtedly the homeless, sick indigent accounts for it. I suggest a concerted move on the part of Board and staff to urge the cities to provide board and lodging for those of this class who do not need hospitalization, and I

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am confident they could obtain it for 75c per day for many of them, and save, for the hospital, at least $1.00 per man per day.

The Medical Staff should co-operate in explaining charges to prospective patients so that they may receive their bills with an approximate fore-knowledge of its amount, rather than with a shock as to its size, which sometimes makes a destructive critic out of the otherwise grateful patient. The staff should co-operate in directing the patient to the type of ward his economic status warrants. Often the suggestion, coupled with a few words indicating the fitness of the general ward, will be all that is necessary to spare the patient extra expense, dictated by false pride. The staff can also co-operate effectively by prescribing more common and less expensive medication for indigent cases.

The staff of a hospital blessed with internes must accept the responsibility that implies. The interne is there to learn, and to complete with practical work and suggestions the largely theoretical part of his earlier course. His reaction to the hospital depends on the kind of training he receives, and there is not much inspiration in the routine of case histories, anesthetics, holding retractors and urinalyses. His reaction is known full well by the friends he has left at college, and results in the good hospital being able to pick and choose, the poor one taking what is left.

One scheme we are trying here to bring closer contact between staff and internes, is a form perforated for filing, on the patient's chart, on which the interne, after writing the history, writes a synopsis of the case with his diagnosis. The attending physician reads this, agrees or disagrees with the diagnosis, but at any rate discusses it. There is also a section for the notation of any measures of treatment and of results. On discharge, this form is given to the interne, for filing and reference. Thus, at the end of his or her time, a complete record of their work on interesting or perplexing cases is at hand to carry with them.

We need the co-operation of the Medical Staff, the Board, the Superintendent and the Principal of Nurses to try and increase the number of post-mortems. In larger centres, the people become educated to this, while in this country the people still have a feeling of horror and a reluctance to consent. The Board must supply proper facilities for post-mortems, and, to comply with the standard for internes, at least 10% post-mortems must be obtained.

A word in closing on records. The American College of Surgeons has done a marvellous work in its hospital standardization program. Without it, I doubt whether our smaller hospitals would ever have attained their present standard of efficiency. But it seems to me that sometimes they make a fetish of records. In the larger hospitals, with more perfect records, the staff do not write them, they have not time. The staff in smaller hospitals have no more time than those in larger ones. The internes in the larger hospitals write them, and in many cases they average one interne for twenty to twenty-five patients. Our smaller hospitals average one interne to fifty or sometimes seventy-five patients. Now, if the records are kept up to standard, the interne is going to have little time for any other work. What shall we do? Try and balance his year or two with us to make it of interest as well as profit. No one will question the value of records, but when we accept the responsibility of the interne's last year or two, it seems to me that

this should consist in offering him a balanced year of practical work, and the application of his theoretical work. This will limit to some extent his record writing, and leave us, as heretofore, open to the criticism of incomplete records.

I may say this paper reminds me, more than anything else, of the old-fashioned gun-shot prescription given with the pious hope that one of its ingredients will help, and if even one of the suggestions dealt superficially with here causes deeper thought regarding it on the part of one of you, I will rest content.

A GOLDEN JUBILEE

The Golden Jubilee of the School of Nursing of The Victoria Hospital, London, the third oldest training school in Canada, and the graduation exercises of the Class of 1933 were celebrated on May 29th and 30th, when the occasion was marked by a reunion of many of the graduates of the school, who now total nine hundred and ninety-six. The Stadium of The University of Western Ontario was the scene of the exercises. Forty-eight nurses were presented with their diplomas and badges; and eight students, from hospitals in which schools had been discontinued during their course of training, were given the diploma and badge of their own schools. Later, two members of the graduating class of Victoria Hospital, who were ill, were presented with their diplomas and badges by Dr. Fallis, the Superintendent of Victoria Hospital, and Mrs. Fallis.

The exercises were presided over by Mr. T. F. Kingsmill, Jr., chairman of the Hospital Trust. The processional was a very beautiful sight. The invocation was pronounced by the Rev. P. P. W. Zieman. This was followed by the report of the school given by Miss Hilda Stuart, Superintendent of Nurses. The Florence Nightingale Pledge was administered to the class by Dr. L. C. Fallis, and the diplomas and badges were presented by Mrs. A. E. Silverwood, former superintendent of nurses. The guest speaker was the Hon. and Rev. H. J. Cody, President of the University of Toronto, and Dr. G. A. Ramsay brought greetings from the medical profession. The band of the Royal Canadian Regiment, by courtesy of the Commanding Officer, rendered delightful music. The evening was devoted to class parties and a dance in honour of the graduating class.

On Tuesday afternoon, the visiting nurses were taken for a drive, returning for tea at the lovely country home of Dr. and Mrs. W. P. Tew. A great Reunion Banquet was held in the evening, at which about three hundred and twenty-five graduates of the School gathered to renew acquaintance and enjoy a happy time. At this function, the members of the graduating class were guests of honour.

STAFFING THE HOSPITAL WITH GRADUATE NURSES

MARJORIE BUCK, R.N., Superintendent, Norfolk General Hospital, Simcoe, Ont.

The title of this address is *The Hospital Planned for a Graduate Nurse Service,* though I do not think that our hospital at Simcoe, of which I shall speak because of my greater knowledge of it than of any other from this point of view, was built with any particular nursing service in mind. But it was planned by an architect who had seen a similar hospital building of this design, operated by a graduate nursing staff for over two years prior to the opening of our institution. This influenced him to build a twenty-three-bed, two-storey, T-shaped building, connected with an inside stairway and later by an elevator.

The kitchen, the nurses dining room, the nurses station (including diet tray service, medicines and charts), linen room, and office, are on the first floor of the left arm of the T, and the operating room, case room, linen room and nurses station are on the second floor directly above. The private and semi-private rooms stretch along the corridors of the first and second floors of the right arm of the T, ending in a sunroom which is now a four-bed ward. The rear of the T contains the elevator, two rooms for the nursery and, on the second floor, utility and dressing rooms. The end of the short bar of the T is a six-bed ward, on both first and second floors.

It will be seen that there was no attempt to provide units for surgical, medical or obstetrical patients, and also that less steps are required to service the public wards than the private and semi-private rooms. Running water in these rooms and self-contained equipment relieves the situation somewhat. A more centralized nurses station would save steps in answering bells.

Organization and harmonious team-work is, of course, essential to the effective use of a graduate staff. We have not been able, in our building, to use unit or group nursing. From two to five nurses care for the whole floor, which may contain surgical, medical, obstetrical, pediatric or orthopedic cases. It seems to be more interesting and educational for them to do so.

Assignment of work is best done each morning and evening at the time of the change of shifts, when the relieving staff of nurses receives the report on each floor from the retiring staff. The senior (by length of service or ability) takes the lead, and sees that the work is fairly divided and that it will be carried out throughout the day during the hours off-duty. As simple a thing as taking out fresh glasses of water, at stated intervals, for all patients who should have them, is an illustration of the routine care which must be arranged for.

We have not been able to shorten the day so as to make it less than ten hours, although two meals are taken in that time, but we do give alternate half and whole days off duty or three and one-half whole days off per month. All the nursing staff, except four, rotate in taking day duty and night duty for terms of six weeks each. The non-rotating staff includes the superintendent, and the operating room

An address delivered at the Annual Meeting of the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.

nurse, who scrubs for all major and minor operations, including tonsillectomies. Before we had thirty-eight operations per month, this nurse also assisted with floor relief duty. A nursing supervisor circulates in the operating room and is laboratory technician as well. The office assistant is book-keeper and stenographer (she is, of course, a nurse) and is also the X-Ray technician. Of course, these four can relieve for each other or anywhere else, as needed.

Relief for days off or for extra work when there is a high census or there are very sick patients may be easily obtained from the nurses registry at salary rates. It seems poor economy to understaff, even for a short period, because patients do not receive the same standard of care, and nurses become overtired or ill. Slack periods may be taken care of by giving extra time off without pay. No difficulty has been experienced in this connection.

The minimum standard care given each patient is back-rub and bed-freshening twice daily; a bed or tub bath is given every second day at least, and hand basins are given three times daily to those patients whose condition does not demand more attention.

Medical and surgical supplies and linen are given out more freely, and with less requisitioning, than is the case with pupils who must be taught economy of use and correct distribution of these necessities.

The ratio of nursing staff to patients with us has varied from 1 to 2.2 to 1 to 1.3, depending upon the number of special nurses on duty. The ratio of the total staff (including dietary, housekeeping and laundry) to patients has varied from 1 to 1 to 1 to 1.5.

A dietitian is essential for modern diet therapy, and also a true economy in conducting the general dietary service. Tray service, with us, is operated from the central kitchen by using a dumbwaiter and a cart on the elevator to the second floor. The trays are carried to the patients by nurses and by floor maids, of whom there is one to each floor. Between meals, nourishments are served by the nurses from their floor diet kitchen. Cafeteria service in the nurses dining room is an economy which can easily be carried out. Glass and indestructible table-tops mean less table linen to be washed, and the use of paper tray covers also helps to reduce laundry expenses.

A word regarding surgical supplies. Unless there is a voluntary organization which will help to make up supplies, it is an economy to buy dressings as nearly ready for use as possible. Convalescent patients and floor maids can also assist with this. We do no dispensing at the hospital, but, of course, we make up our standard solutions. Our doctors supply their own dispensed prescriptions.

Co-operation on the part of the medical staff is as essential in a hospital staffed by graduate nurses as it is in an institution conducting a school of nursing. At a monthly meeting of the organized medical staff, the work of the hospitla is discussed with the superintendent, and staff regulations are drawn up which are of great assistance to her. These regulations deal with such matters as appointments for the use of the operating room, the rotation of the medical staff for the care of indigent patients, and so on. Staff nurses are invited to attend these meetings when addresses are being given which are likely to be of interest and value to them.

Our Board of Directors thoroughly approves the policy of employing a graduate staff and has been sympathetically interested in the changes necessitated by its

organization. Additions to the staff have been required as the hospital increased its capacity from its original total of 23 beds to 31 beds and 10 bassinetts. This increase did not involve any actual extension of the building itself, but was effected by transforming private rooms into semi-private and semi-public wards.

Before the hospital was opened, there were several women's organizations whose function it was to furnish linen and other supplies. These have been merged into one Hospital Aid Society and a nursing club. As friendly and helpful visitors, they are an integral part of the organization of the institution.

At one time, the nursing staff was housed in rooms scattered throughout the hospital, an arrangement which, from several standpoints, was most undesirable. A nurses residence, with a single room for each nurse, is now available and this problem has thus been satisfactorily solved. Rules there are none, except that it is expected that each nurse will show consideration for the others, and that all will remember that they are a part of the hospital organization, and therefore that what one nurse does will necessarily affect all the others.

The choice of nurses for a staff of this kind is not the difficult matter it would have been a few years ago. Nurses are today more willing to accept general staff duty and have a better understanding of its real nature than they had formerly.

Nurses also realize that, with added experience, they are in line for promotion, provided they display ability and are willing to carry responsibility. With this possibility in mind, promising members of the staff should be prepared to act as understudies for the more responsible positions so that, when promoted or used for relief purposes, they may perform their duties in an acceptable and efficient manner.

THE EXPANSION OF A SMALL HOSPITAL

M. E. WILKINSON, R.N., Superintendent for Ontario of Red Cross Outpost Hospitals.

The adjustments consequent to increased hospitalization involve more than an increase in the personnel of the hospital. Miss Buck, in her remarks, has dealt with *The Hospital Planned for a Graduate Nursing Service.* She has demonstrated that certain economies can be effected in the building *designed* for a smaller staff, and has suggested methods of administration that tend to efficiency and expediency.

It is difficult to conceive of a small cottage hospital of two or three beds, staffed by one nurse, developing into an institution of any size. The cost of remodelling such a building to accommodate more patients and more staff would be greater than the construction of a new hospital. On the other hand, the small hospital with nine to twelve beds, scientifically planned to include sufficient kitchen and laundry accommodation, utility rooms and wash rooms, can with comparatively small cost expand its service to care for fifteen or twenty patients by the addition of more ward accommodation to the main building.

We will assume that a ten-bed hospital, staffed by three graduate nurses, has two private rooms, one semi-private room and two public wards, with additional space for staff quarters, operating room, labour room, bathroom and utility rooms. The hospital should be on one floor only, with laundry, drying room, X-ray, kitchen and janitor's room in the basement.

A well-balanced building, from an architectural point of view may provide for the staff quarters on the second floor or in a wing off the main building with separate entrance. With this complement, additional ward accommodation or private rooms, as required, may be added at a minimum cost.

The domestic staff for a ten-bed hospital should consist of a cook, one other woman who is part-time laundress and part-time maid, and a man who combines janitor service with cleaning and orderly work. The domestic staff to meet the demands of the hospital increased to twenty beds should include a full-time laundress, cook, two maids and a man.

As pointed out in Dr. Weir's Survey, and probably in every paper dealing with the subject of hospitals staffed by graduate nurses, one of the greatest advantages of this system lies in the flexibility of the nursing staff. Accepting the proportion of one graduate nurse to every two and a half patients cared for in twenty-four hours, we may add to our staff of three graduate nurses as required. If our twenty-bed hospital is running at full capacity, the nursing staff will be increased to eight.

A satisfactory distribution of nursing service provides for day duty only for the charge nurse who, while not attempting to do any actual bedside nursing, supervises all activities of the hospital, is responsible for the admitting and discharging of patients, book-keeping, compiling of reports and purchasing of supplies. The other seven nurses are on the same footing, and rotate from day to night service; two on night and five on day. It has been found of advan-

An address delivered at the Annual Meeting of the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.

tage to consider one of the five day nurses as assistant to the nurse in charge and responsible for the operating room.

The general bedside care of the patients is divided among the remaining four nurses. It has been found possible with this staff to give private patients care, including daily baths to all bed cases.

In a small hospital of twenty beds, staffed by this number of graduate nurses, no patient should be *required* to employ special nurses, unless they wish to have someone constantly with them. If a seriously sick patient is ordered special care or if all the patients are bed cases and additional nursing service is required for a day or two, the practice of employing an additional nurse on general duty rather than a special nurse has been found satisfactory.

For years, the leaders of our profession have spent their time and energy in establishing standards to which training schools must subscribe in order to gain recognition. The hospital in transition from a school of nursing to one with graduate staff and the hospital in the process of expansion from the small graduate staff to the larger unit must likewise maintain a standard.

Three conditions we believe to be imperative to the success of the hospital staffed with graduate nurses. The first point concerns the training of the staff, who should be chosen from recognized training schools. The second point deals with the number of nurses employed, which should be sufficient to insure adequate nursing care. Thirdly, the Hospital Act should specify the quality of nursing demanded in hospitals receiving the government grant.

When a professional group introduces the question of standardization, the first reaction of trustees and members of the Hospital Board concerns its relation to costs, cost to the hospital and cost to the patient. An analysis of statistics obtained from the government, for last year, concerning nineteen hospitals, is most gratifying. These hospitals, staffed by graduate nurses, could accommodate from sixteen to forty-two adult patients. This list does not include Red Cross hospitals. The average bed capacity was 24.5. The average proportion of nurses per patient was 2.18. The per diem per patient cost averaged $2.96 per day. Considering that the per diem per patient cost for all Ontario hospitals in 1932 was $3.56, this average of $2.96 is most convincing.

A comparative analysis has also been made of nineteen smaller hospitals conducting training schools. The per diem per patient cost of these hospitals was $3.18.

COMPARATIVE TABLE

	Student Staff	*Graduate Staff*
Average bed capacity	29.0	24.5
Average nursing staff per hospital	11.42	6.47
Average number of domestics	5.52	5.16
Average number of patients per day for each hospital	15.5	14.10
Number of patients per nurse	1.36	2.18
Salary costs per patient per day	1.30	1.46
Food cost per patient per day	.568	.497
Total cost per patient per day	3.18	2.96

In this short paper, I have not attempted to discuss in detail many of the problems which are peculiar to the growth of the small hospital staffed with graduate nurses. In the event of a committee or section on hospital administration being organized in the Registered Nurses Association, I believe there will be many advantages to be derived by those who are constantly meeting and endeavouring to solve these problems.

TRANSITION TO GRADUATE NURSING SERVICE

AUBRA CLEAVER, R.N., Superintendent, The Galt Hospital, Galt, Ont.

When a hospital is in transition from a student to a graduate nursing service, the following important factors must be considered:—

Developing the full possibilities of the building.

Changing the routine of nursing service.

Solving the domestic help problem.

Promoting a helpful attitude on the part of the Medical Staff, the Hospital Board, and the Hospital Ladies' Aid.

Our hospital has seventy beds and was built over 40 years ago. There are three floors, with wings extending from the main part of the building. I mention this because these wings require a larger nursing staff than would be needed were the building differently planned.

Our nurses - in - training were housed in two separate buildings, with a third building for helps' quarters. With a lessened nursing personnel, one nurses residence is sufficient, each nurse having a single bedroom and the use of several sitting rooms. The nurses residence is far enough away from the main building to prevent the patients being disturbed, and the nurses therefore have more freedom. Finding ourselves with extra housing accommodation, the two other residences are now used for our ward helpers and domestic workers, all of whom live in, thus reducing the cost to the hospital.

Our obstetrical department, including case room, nursery, and private and semi-private rooms for obstetrical patients, are on the third floor of the main building. The advantages of this location are that there is less noise in the rest of the building, less nursing staff is required, and there is no need of bringing patients from other floors to the case room. We have two operating rooms and the X-Ray Department on the second floor, again saving time and steps. The children's ward is in a wing on the main floor running off the main hall.

I believe that success in utilizing a graduate staff depends on the selection of the right type of nurse. Besides the usual qualifications of a good nurse, I would stress especially her power of co-operation, systematic methods in her work, and the fact that she can and does anticipate patients' and doctors' needs, not only in her own department, but in all the departments, and that she has in mind the hospital as a unit. With this type of nurse on the staff, there should be no trouble with discipline.

Monthly staff conferences are very helpful. They are a means of discussing problems and complaints that may have arisen, and tend to function as a form of staff government. Any complaint is looked upon as an unfortunate happening, and as reflecting upon the group as a whole.

We carried over from the school of nursing the idea of supervisors who are directly responsible for a department to the superintendent. They do not, like the rest of the staff, rotate from day to night duty or from ward to ward. As a vacancy occurs, we promote the capable rotating nurse, thus encouraging the acquisition of greater proficiency as a means toward advancement.

Under this new form of organ-

An address delivered at the Annual Meeting of the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.

ization, the supervisors' duties have changed. They are no longer responsible for lecturing, or for student discipline, or for the checking-up of the work. Because of their experience, they are expected to set an example of systematic method, and of the easiest way of doing work with the least waste of energy, and of more readily anticipating the needs of the doctors and patients. Some of the supervisors who have for years supervised and taught under-graduates find it very difficult to adjust themselves to these changed conditions.

When choosing our staff, we decided to take graduates from our own hospital for several reasons. They understood both the routine of the hospital and the characteristics of the doctors. They also needed the work, and, as we are the only hospital in the city, I did so want a co-operative feeling between the hospital staff and the Alumnae of the School. The doctors, some of whom are opposed to losing the training school, informed me that our hospital had produced good nurses, so I showed confidence in their nurses, which has not been misplaced, and I am able to say to these doctors: "You helped train these nurses, and I am sure they will give you satisfaction."

As soon as it was known that we were taking on a graduate staff, we received letters from several hundred applicants. It was easy to send them a courteous circular letter to the effect that we were taking only our own graduates. I had access to the training school records of our graduates, and this, with a personal interview, has proven a satisfactory basis of selection.

We have made no change in our selected staff. We did not engage any of the nurses who had just completed their course. They were tired after three years of training, and it seemed better to encourage them to do special duty for a year or so; we did allow them, after obtaining their registration certificates, to be on our relief staff. As the hospital became busy, we used this staff, for a day or two, or for a week at a time, just as long as the occasion demanded.

We chose as the time to make this change October 1, which was the beginning of the hospital year. The holidays were over, the graduating class had finished, and the junior and senior classes, for whom arrangements had been made for their affiliation with other schools, were ready to start with the fall work.

This general change to graduate staff is felt in every department, and it seems necessary for either the superintendent or the assistant superintendent to go in from time to time and to demonstrate the changed procedure that must be followed.

Another branch of the work that required attention was that of the Women's Hospital Aid. They had, for years, shown an interest in the under-graduates, assisting with their dances, helping with their graduation exercises, and raising money for classroom equipment. With the loss of the training school, they felt less necessary, but, realizing the situation, they have developed their energies in meeting the many other needs of the hospital.

Our Hospital Board went into the financial side at great length. Dr. Routley and Miss Wilkinson, of the Ontario Red Cross Society, made a nursing survey for us. We had help from others who were interested and experienced in this type of nursing. They all gave us most encouraging figures. We shall be prepared to give a report, at the end of the hospital year, comparing the costs.

Our doctors seemed to find it difficult to adjust themselves to the decreased number of staff in the operating rooms and in the case room. In the operating room, for minor operations, we now have one graduate nurse; for major operations, we have two graduate nurses. In the case room, we have two nurses, one of whom gives anaesthetic drops, while the other hands instruments and dressings with sterile forceps.

By means of this experiment we aim to give, at the same cost to the public, more efficient nursing service through a graduate staff, realizing that a happy, satisfied patient is the best way to popularize our hospital.

HOW REPLACE STUDENTS?

(Courtesy of Department of Public Information, American Nurses Association)

How many graduate nurses are needed to replace a given number of student nurses for service in the hospital? A recent study made at Bellevue Hospital, New York, by Miss Blanche Pfefferkorn, director of studies for the National League of Nursing Education, indicates that many of the previous estimates are pretty wide of the mark. One graduate cannot provide *twice* the hour-for-hour service that the student can give, and still maintain a good quality of nursing.

The study suggests that it seems more likely that graduates can safely replace students when both groups are on the same weekly hour schedule, in a proportion of about three graduates to four students, or four graduates to five students. In applying any such ratio in a particular hospital, a number of factors must be taken into consideration, such as the hours of duty of both groups, the number of the entire student group who are on duty on the wards, and whether students are in their first, second or third year. The number of auxiliary personnel available, such as ward helpers and maids, also materially affects the ratio of nurses to patients.

THE McGILL SCHOOL FOR GRADUATE NURSES

It will be a source of satisfaction and pride to nurses in every part of Canada to hear that the McGill School for Graduate Nurses will remain open for at least another year. The *Journal* is authorized to quote the following official statement:

At the Graduation Exercises on May 23rd the Principal announced that, because of the financial support given by the friends of the School and the Alumnae, it was his intention to recommend to the Board of Govêrnors at its next meeting that the School would be continued for another year, and this will doubtless be approved.

As soon as it became apparent last autumn that the School was faced with a difficult financial problem a Central Committee was formed, chiefly composed of members of the Alumnae Association, together with other representative members of the nursing profession, and several friends and supporters who are not themselves nurses, but have long been identified with the work of the School. This Committee is at present composed of the following members:

Mrs. R. W. Reford, Montreal; Miss Mary Samuel, Montreal; Dr. Helen R. Y. Reid, Montreal; Dr. Maude Abbott, McGill University, Montreal; Miss Bertha Harmer, Director, School for Graduate Nurses, McGill University; Miss Grace M. Fairley, Superintendent of Nurses, Vancouver General Hospital; Miss Mabel F. Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal; Miss Margaret Moag, Superintendent, Victorian Order of Nurses, Montreal; Miss Esther Beith, Executive Director, Child Welfare Association, Montreal; Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association; Miss Alice Ahern, Nursing Supervisor, Metropolitan Life Insurance Company, Ottawa; Miss Mabel K. Holt, Lady Superintendent, Montreal General Hospital; Miss Annie S. Kinder, Superintendent of Nurses, Children's Memorial Hospital, Montreal; Miss Catherine M. Ferguson, Lady Superintendent, Alexandra Hospital, Montreal; Miss Caroline V. Barrett, Superintendent of Nurses, Maternity Division, Royal Victoria Hospital, Montreal; Miss Catherine C. Armour, Superintendent, Jeffrey Hale's Hospital, Quebec; Miss Flora Aileen George, Lady Superintendent, The Women's General Hospital, Westmount; Miss Beatrice Hadrill, Lady Superintendent, Homeopathic Hospital, Montreal; Miss Dorothy Cotton, Montreal; Miss Margaret Orr, Superintendent, Shriner's Hospital, Montreal; Miss Blanche Herman, Superintendent of Nurses, Western Division, Montreal General Hospital, Montreal; Miss Elsie Allder, President of the Alumnae Association of the School for Graduate Nurses (1932-1933); Miss Jane Craig, formerly Superintendent of Nurses, Western Division, Montreal General Hospital; Miss Edith McDowell, Instructor of Nurses, Sherbrooke Hospital; Mrs. Lawrence H. Fisher, Montreal; Miss Loretta Charland, Public Health Industrial Nurse, Montreal; Miss Madeleine Taylor, Victorian Order of Nurses, Montreal, President 1933-1934, Alumnae Association of the School for Graduate Nurses; Chairman, Miss E. Frances Upton; Executive Secretary and Registrar, Association of Registered Nurses of the Province of Quebec.

The Chairman of the Committee, Miss E. Frances Upton, has spared neither time nor energy in the campaign, and her courage and devotion, under discouraging circumstances, have been important factors in its success. Mrs. Lawrence Fisher acted as Honorary Secretary until recently, when this office was taken over by Miss Blanche Herman.

Under the general direction of this Central Committee, sub-committees have been formed in a number of centres in different parts of the country, and the activities of these groups have already realized a substantial sum which is immediately available. The accomplishment of the Ottawa sub-committee is outstanding, it having re-

sulted in the collection of almost two thousand dollars.

The Alberta Association of Graduate Nurses and the Graduate Nurses Association of British Columbia have come forward generously to the support of the project, and the following groups of graduate nurses and student nurses have given sums of money or made pledges extending over a period of years:

Alumnae Associations

Montreal General Hospital, Montreal
Royal Victoria Hospital, Montreal
Toronto General Hospital
Homeopathic Hospital, Montreal
Children's Memorial Hospital, Montreal
Jeffrey Hale's Hospital, Quebec.
Ottawa Civic Hospital
St. Luke's Hospital, Ottawa
The Western Hospital, Montreal
St. Joseph's Hospital, Victoria.

Graduate Nurse Groups

Florence Nightingale Association, Ottawa
The Nurses Central Registry, Ottawa

Student Nurse Groups

Graduating Class, 1933, Ottawa Civic Hospital
Student Nurses of the Ottawa Civic Hospital

The response from the Alumnae Association of the School itself has been most gratifying, and a generous contribution made by the Board of Governors of the Jeffrey Hale's Hospital, Quebec, should stimulate other hospital authorities to recognize, in a similar manner, the value of the School to hospitals generally. Support from individual nurses has not been lacking and the Montreal sub-committee realized more than a thousand dollars at a bridge party, the success of which was largely due to the nurses themselves.

The program of the Central Committee for the immediate future is as follows:

To issue to the sub-committees as early as possible, a complete report of activities and accomplishments to date.

To secure publicity in the public press through the promised co-operation of the Canadian Associated Press.

To keep nurses in all parts of the country informed of the progress of the campaign through the medium of *The Canadian Nurse*.

To organize a follow-up campaign, through correspondence and personal interviews, with all those who have been approached but are as yet not co-operating.

To stimulate and to guide the members of the Alumnae Association of the School for Graduate Nurses, and nurses in general, to plan and to carry on an educational campaign, which will enlighten the public concerning the function of the School as an important factor in community health and welfare.

To keep in mind, and work toward, the establishment of a permanent endowment fund.

Obviously the battle is not yet won, and the raising of a permanent endowment fund must be undertaken at the earliest possible moment if the School is to be saved from recurring financial crises, such as the one from which it has just emerged.

Nevertheless the fact remains that a most favourable impression has been made upon the community at large by the gallant response of the nurses themselves in this emergency. The next step is to take advantage of this awakening interest on the part of the public, and to persuade other friends of nursing to follow the good example of those who have already given their support. Signs are not wanting that this task is already well advanced.

One of the most powerful agencies through which public enlightenment can be brought about is the press. The nursing profession owes the leading newspapers of Montreal a deep debt of gratitude for a dignified and sympathetic presentation of their cause.

The actual achievement of the Committee in terms of money is, in times like these, extraordinary. Pledges over a five-year period amount to more than twelve thousand dollars, and sufficient cash is already in hand to meet the estimated deficit for the ensuing year.

Generous gifts of voluntary assistance have also been forthcoming. In order to effect every possible economy, the Director of the School, Miss Bertha E. Harmer, has offered to serve without salary during the coming session. Miss Dorothy King, Supervisor of Case Work in the Family Welfare Association of Montreal, is giving her course of lectures in Social Case Work, free of all cost to the School, and the Association itself is waiving the usual payment for field-work supervision and instruction until such time as the School is on a sound financial basis. Miss Esther Beith, R.N., Director of the Child Welfare Association of Montreal, and instructor in Child Hygiene, is also prepared to serve on a voluntary basis. The value of such gifts as these cannot be estimated entirely in terms of money even though they serve to materially lighten the financial load.

Canadian nurses and those who have faith in them have met this crisis in education in a truly magnificent manner, and the School itself is richer, not only in a material but also in a spiritual sense, as a result of their ungrudging effort.

A GRADUATION GIFT

The Board of Directors of the Public General Hospital at Chatham, Ontario, is proud of its School of Nursing and takes an active interest in the professional career of the students who graduate from it. This year the Directors presented the graduating class with paid-up memberships for one year in the Registered Nurses Association of Ontario, thus qualifying them to share the privileges of both the provincial and national nursing organizations.

In addition, each new graduate was presented with a year's subscription to *The Canadian Nurse;* thus making sure that these newcomers to the profession will enjoy and benefit from contacts which cannot fail to help them in their subsequent career. The Board of Directors of the Hospital, and Miss Priscilla Campbell, its Superintendent, are alike to be commended for having given the class of 1933 the opportunity of making such an excellent beginning.

BRITISH COLUMBIA ATTAINS ITS MAJORITY

ANNA L. GEARY, R.N., Vancouver

The Annual Meeting of the Graduate Nurses Association of British Columbia took on an air of festival for two reasons: the Association celebrated its twenty-first birthday and had the privilege of entertaining as its honour guest, the President of the American Nurses Association, Miss Elnora Thomson, who chose as the subject of her address: *An Appraisal of Nursing.*

Tea was served following the general meeting, by the Alumnae Association of St. Joseph's Hospital, and in the evening, a banquet was held, about one hundred members being present. Miss Thomson was again the principal speaker. Mrs. Bryce Brown, first president of the Association, was present and spoke informally, as did Miss Helen Randal and Miss Elizabeth Breeze, both past presidents of the Association.

On the following day, the question was discussed of assisting the McGill School for Graduate Nurses to carry on when, owing to curtailment of university grants, its continuance becomes impossible without contributions from other sources. A grant of $500.00 was unanimously voted, and a message was sent to the Director of the School informing her of the decision of the meeting. Miss M. Duffield commented on the fact that the Vancouver Graduate Nurses Association had recently adopted the eight-hour day, at a rate of $3.00 per day, in order to meet the mutual need of the patient and the nurse. Sponsored by the provincial Association, a scheme is already on foot, by which the Vancouver branch of the Victorian Order of Nurses is to give an hourly appointment service, for the benefit of the patient who can not afford and does not require full-time care.

Suggestions for meeting the problem of unemployment, included a uniform provincial standard examination at fixed periods, with the idea of eliminating unsuitable students before they complete three years of training; a reduced enrolment of students in schools of nursing, together with the employment of more graduate nurses in hospitals. Miss Grace Fairley led the round table conference on nursing problems. Tea was served, at which the Alumnae Association of the Provincial Royal Jubilee Hospital acted as hostesses, and a special event was the cutting of the birthday cake by Miss M. Campbell, president of the Association.

At the final meeting Miss Randal presented her report, as Inspector of Training Schools, and Dr. Neil MacDougall, member of the Provincial Joint Study Committee, was the guest speaker. He outlined the special points in the *Survey* to which his committee had been devoting particular attention. Miss Campbell, the retiring president, was the recipient of a beautiful bouquet of tulips for which she made a gracious acknowledgment, and Miss Mabel Gray, Assistant Professor of Nursing, in the Department of Nursing and Health of the University of British Columbia, was elected by acclamation to the office of President.

THE EDITOR'S DESK

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Bon Voyage

A goodly number of Canadian nurses are embarking for the shores of France these fine summer days. In *Notes from the National Office* the Executive Secretary gives some details concerning the fortunate group who will participate in the International Congress. By the time these lines appear in print the President of the Canadian Nurses Association, its Executive Secretary and its official representatives will have set sail. The story of their adventures will be awaited eagerly, and will appear from time to time in the *Journal*.

A Hospital Number

The interest of the current issue of the *Journal* is centred in the hospital. The administrative aspects of hospital work have a very strong appeal to nurses endowed with business sense and executive ability, and they are entering this field in increasing numbers, and with conspicuous success.

The leading article, *Institutional Co-operation*, is written by Dr. V. E. Black, a general practitioner, who has a lively interest in the teaching as well as the clinical aspects of hospital service. His practical suggestions concerning the participation of hospitals in the health education of the community are worthy of careful study by hospital administrators.

It is not likely, however, that all nurses will entirely agree with Dr. Black's views on nursing education. His statement that: "the hospital is not primarily an institution for the purpose of training young women for a profession", is, of course, perfectly correct, since the first duty of every hospital must be to care for its patients. Nevertheless the preparation of thoroughly educated and trained nurses is not a by-product of hospital service, as Dr. Black terms it, but is an end in itself, which must somehow be reconciled with, and not sacrificed to, the welfare of the patient. To effect that reconciliation, with justice to both patient and nurse is, or should be, the aim of all those who are in any way responsible for the care of the patient, the administration of the hospital and the direction of the school of nursing.

It is quite true, as Dr. Black points out, that there is a real danger of breaking a student nurse physically by expecting her to meet the heavy demands of active hospital service and, at the same time, to thoroughly study the theory of her profession. The remedy, however, is not to curtail the meagre instruction now afforded her, but to so arrange and limit her actual nursing work that she will not be too tired to profit by it.

Too many lectures of the wrong kind are doubtless what Dr. Black protests against, for it is quite evident that he thoroughly believes in the importance of clinical teaching at the bedside of the patient. This

type of instruction, given by physicians, is simply invaluable, not only to student nurses, but to the graduate staff, and it is encouraging to find that the present emphasis in nursing education is in this direction rather than on the former practice of giving formal lectures in the classroom.

The inter-relationship of the various groups which are concerned in assuring a smooth and efficient hospital service are admirably defined by Dr. Black and merit the close attention of all nurses engaged in this particular field.

Graduate Nursing Service

Three brief articles, bearing a certain relationship to each other, sustain the dominant hospital interest. In *Staffing the Hospital With Graduate Nurses,* Miss Marjorie Buck gives some excellent suggestions based on her own experience. Miss Aubra Cleaver writes of *Transition to Graduate Nursing Service* with the authority of one who is in process of successfully making this difficult adjustment. In *The Expansion of a Small Hospital,* Miss M. E. Wilkinson gives extremely interesting comparative figures, as well as some eminently practical suggestions for sound organization in an institution which is in process of active growth.

Why a Hospital Number?

In *Letters to the Editor*, a hospital superintendent who prefers to remain anonymous supplies a convincing answer to this question. Read her letter, *think it over* and take pen in hand.

The Central Curriculum Committee

Early in June the first draft of the preliminary Study made by the Central Curriculum Committee was forwarded to the chairman of each of the provincial Curriculum Committees. This draft includes not only a series of recommendations and questions leading up to the eventual formulation of a curriculum, but also copious extracts from related portion of the *Survey*.

All the provinces, except two, have already reported progress, and through the summer months, their officers will have an opportunity of critically examining the preliminary Study and the Central Committee will be in a position to proceed with its revision in the early autumn, without loss of time.

The Canadian Medical Association has appointed Dr. A. T. Bazin and Dr. Joseph Benoit to be its official representatives on the Central Curriculum Committee. Dr. Grant Fleming has also consented to become a member, and from now on the Committee will benefit by the active co-operation of medical men.

The hard work of plotting out the general scope and extent of the project is now completed, and before the end of the year, the main outlines of the proposed Curriculum should emerge in a form which will provide a sound basis for discussion in all the provincial units.

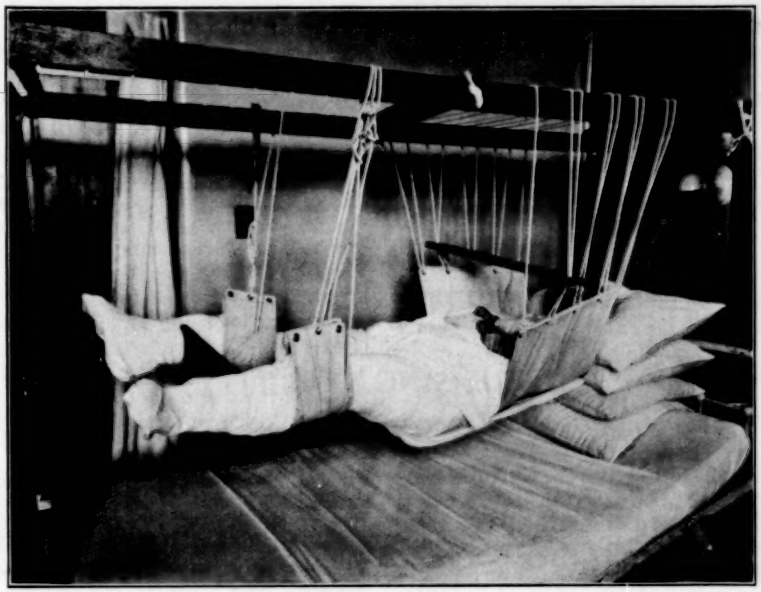
Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

A SLING FOR A PLASTER SPICA

URSULA WHITEHEAD, Clinical Instructor, the Vancouver General Hospital School of Nursing, Vancouver, B.C.

The accompanying photograph illustrates a set of canvas slings used with success in the nursing care of a patient suffering from a fractured femur. They were devised by Miss Olive Shore, Assistant Superintendent of Nurses at the Vancouver General Hospital, who carried out the arrangement with Miss Gwen Clements, head nurse of the ward where the patient was cared for. The idea of the body sling was adapted from a thorocotomy sling, illustrated in the *American Journal of Nursing*, but several alterations were necessary to make it useful for this particular case.



The patient was placed in a double plaster spica, extending from the heels to about four inches below the nipple line. An area was cut away around the hips to allow for the use of the bed pan. A canvas sling eighteen inches deep was made, with metal gadgets on each side to take quarter-inch ropes, laced through crosswise. These were passed over a double balkan frame.

The large sling passed under the patient's back, extending from eight inches below the shoulders down to the hips, and two smaller slings eight inches deep were used to support each leg. Once the ap-

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

paratus was in place the ropes were pulled taut until the patient was lifted some eight to ten inches from the bed, with sufficient pillows under her head and shoulders to bring them up and support them at the same level.

A board about three inches wide and two feet long was placed above the patient's chest from side to side of the sling to keep it apart and allow freedom of movement for her arms. A second board was used in a similar way above the ankles when she was turned on her side to prevent the cast cracking.

With this elevation of the hips some eight to ten inches from the bed, it was very simple to care for the back, as when a mirror was placed below the hips, it reflected the condition of the skin and massage treatment was applied where visibly needed—a point usually difficult to determine in these cases.

The patient's position could be readily changed by shortening the ropes on one side of the sling, thus turning her very simply. These frequent changes, which helped the patient considerably, and also prevented congestion and pressure, were carried out with little or no effort on the nurses' part—a great advantage over the strained back that usually falls to the lot of the nurse caring for a patient in a heavy cast.

The patient was kept in this sling for some six weeks in comparative comfort; she was very cooperative and quite enjoyed her position, not only for its comfort, but because of the interest the staff had in it, and the numerous visitors it brought her. The whole arrangement proved so helpful that we hope to use it whenever a similar case arises.

INCREASING STABILITY

(Courtesy of the American Nurses Association)

Satisfaction is felt by the Committee on the Grading of Nursing Schools over the lessened turn-over among the teaching and supervisory staff in hospitals and schools of nursing. In the second grading, it is shown that the typical nursing school faculty member has held her position for 2.6 years. In the first grading, the average tenure was only 1.6 years, a large proportion of the faculty having entered the hospital more recently than the senior students. There is now greater opportunity for students to become acquainted with their teachers, and for teachers to carry through a carefully planned educational program.

A REFRESHER COURSE IN SUPERVISION

DOROTHY M. PERCY, Second Assistant to the Chief Superintendent of the Victorian Order of Nurses

For three days in May the new School of Nursing at the University of Toronto, was hostess to a group of thirty nurses registered for a refresher course in supervision, the first of its kind to be sponsored by the Extension Department of the University, and, incidentally, the first to be definitely limited in its registration.

When a refresher course is organized in direct response to the expressed need of a certain group in the health field, and when, moreover, there is from the start, the enthusiastic co-operation of other workers conscious of a similar need, conditions are favourable for the development of an interesting experiment. This is what happened when, following a conference last autumn of supervisors attached to the national office of the Victorian Order of Nurses for Canada, the Chief Superintendent forwarded to the University a definite request that consideration might be given to the organization of some such course.

The response from other groups throughout the Province was excellent, and in addition to supervisors of the Victorian Order of Nurses for Canada, the enrolment included representatives from the Ontario Department of Health, the Toronto Health Department, the Metropolitan Life Insurance Company, the St. Elizabeth Visiting Nursing Association, the Social Service Department of the Toronto General Hospital, the Oshawa Health Department and the London Health Department.

The course consisted of three hours in the Psychology of Supervision, given by Dr. H. Amoss, Inspector of Auxiliary Classes, in the Department of Education of Ontario; four hours in the Principles of Supervision, by Mr. Thornton Mustard, M.A., B.Paed., Toronto Normal School; and three Round Tables on problems of supervision.

At the first Round Table on Attitudes and Objectives, supervision was viewed from the standpoint of (a) the staff nurse, (b) the organization, (c) the public. Supervision was defined as that function designed to help the nurse adapt to new situations and to grow in service. The points stressed included the need for introduction of the supervisor to her field, the need for some concrete method of evaluating her work, and the danger of over-emphasis on uniformity of techniques.

At the second Round Table methods were discussed in detail, the subjects of the papers being individual supervision, field supervision, records and efficiency reports. Here the discussion was particularly brisk, due, largely, to the practical nature of the problems evoked in the papers presented. Judging by the keen interest displayed in this session, a whole Round Table might well have been devoted to a consideration of efficiency reports alone.

The third Round Table was taken up with a discussion of staff education and group conferences. It was at this session that Sir George Newman's definition of the aim of public health received favourable comment: *To defeat disease, to lengthen man's days, but still more, in the ultimate issue, to emancipate the imprisoned splendour of the human spirit.*

Mr. Mustard sat in at this Round Table, and his contribution to the discussion was greatly appreciated. Speaking on the evaluation of supervision, he said that two distinct results could be looked for in the person supervised: first, a superficial result in terms of increased efficiency, and second, a deeper result manifested by new zeal, and renewed enthusiasm for the cause.

Helpful as the Round Table sessions were in themselves, their practical value to those attending was undoubtedly greatly enhanced by the admirable tie-up achieved through the two groups of lectures given.

In his first lecture on the psychology of supervision, Dr. Amoss outlined the various types of human behaviour. His remarks had a peculiarly sound application as he depicted the types of minds with which supervisors so often came in contact, and the sort of behaviour that might reasonably be expected in each instance. The speaker's insistence that there were no *superior* minds, just *different* minds, and his emphasis on the folly of trying to make an Elgin watch out of an Ingersoll are typical of the picturesque style used in driving home salient points.

In subsequent lectures Dr. Amoss enlarged upon the emotions, and the part they play in the situations in which a supervisor frequently finds herself. A number of practical suggestions for the presentation of ideas to the public were given and we were urged to condition our public rather than argue it into an acceptance of the health maxims we deem so essential.

In Mr. Mustard we were privileged to sense an example of the ideal teacher. His clear-cut exposition of the functions of supervision, both directorial and inspectorial; his fearless delineation of the mistakes of supervisors; his concrete suggestions for the improvement of supervision; above all, his impassioned plea to regard our job as supervisors in the light of a vision splendid — and one not lightly to be disobeyed — finished the course on a sustained note of high endeavour and sent us out to re-think supervision in terms of ourselves, our organization, the nurses we supervise, and the community which, through them, we ultimately reach.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

SHARING THE LOAD

FAY SIMMONS, R.N., Supervisor, Hourly Nursing Service, Illinois State Nurses Association, First District, Chicago.

A word about the type of nurse who is desirable for hourly nursing. She must have a thorough professional background and a pleasant adaptable personality. She must be able to systematize her work so as to make the best of her time and she must be able to adjust readily to different situations.

I am frequently asked, "Is it necessary to have had a public health course?" A public health course or public health experience is a great asset. First and foremost, however, an hourly nurse must be a *good bedside nurse*. The knowledge of bag technique, of the keeping of records, of systematizing one's work, and of using every available opportunity for health teaching, which is instilled into a nurse in a public health course, or under supervision in a public health nursing organization, makes it much easier for her to undertake hourly nursing successfully. Her point of view is broadened into considering the health of the whole family rather than just the individual patient, and she is made aware of the unlimited possibilities for health teaching which confront her daily.

She may hear it said, "The group served by Hourly Nursing does not want or need to be taught," and it is true that this group has become more or less health conscious, but there are still many opportunities for the instilling of the principles of healthful living, health habits in general, and the teaching of persons in the home the simple procedures for bringing comfort to the sick. Public health experience helps a nurse to do these things effectively.

The *Manual of Public Health Nursing* and the *Board Members' Manual*, both prepared by the National Organization for Public Health Nursing, have proven efficient guides to procedures, policies and organization of nursing services.

If there are no lay persons serving on the board or committee responsible for administering the hourly service, a group of representative laymen, acting in an *advisory* capacity, will be found invaluable. They can assist in interpreting the organization to the public, and in turn can bring the public point of view to it; an element which has been disregarded to the dangerous point of isolating our profession from the very group we wish to serve.

The groups which so far have undertaken to administer hourly nursing on an organized basis are Visiting Nurse Associations and Official Registries. A survey of

This is the second and concluding part of an address given by Miss Simmons at an Open Meeting of the Private Duty Section of the Registered Nurses Association of Ontario, April 21, 1933. The first part appeared in the June issue of "The Canadian Nurse", p. 307.

hourly nursing as administered by public health nursing agencies was made in 1927 by Miss Louise Tattershall, statistician for the National Organization for Public Health Nursing. At that time, fifty-four public health nursing organizations were selling nursing on a time basis.

In general, the hourly visits were made by the regular staff, under the same type of supervision as the general service except that, in some instances, the supervisor did not go into the homes of the patients. Some attempt was made to make the visits at the time requested by the patient, but this was not allowed to interfere with the needs of the acutely ill on the general service. The difficulties met with were found to be "the hesitancy of the 'ease group', that is, the people in comfortable circumstances, to make use of services of an organization doing charity work," and from an administrative standpoint "the planning of the work of a staff doing general visiting nursing, so as to meet the demands for a nurse at a specified time, and not interfere with giving care to acutely ill patients."

The plan adopted by the Philadelphia Visiting Nurse Society appears to solve the difficulties of administration to a great extent. Their hourly service was started in 1919 during the period of shortage of nurses for special duty. Six nurses were added to the general staff. Calls for hourly nursing were accepted up to an amount which would be the equivalent of the work that could be handled by six nurses. Actually, the hourly work was distributed throughout the general staff, allowing each nurse to make calls which fell in her district, effecting a decided economy of time and money. It did not encroach on the regular work of the staff, however, as enough extra nurses had been added to the staff to make up for the time spent on hourly work. It was found, after four months, that the fee collections from hourly patients were sufficient to pay the salaries of the extra nurses. This service continued to be self-supporting.

The Hourly Nursing Service in Chicago was unique in its inception in that it was sponsored jointly by the Central Council for Nursing Education and the First District, Illinois State Nurses Association. Under these auspices the Hourly Nursing Service was initiated in 1926 in the hope of providing skilled nursing care for patients of moderate means. Calls were received through the Nurses Official Registry, but a staff of four nurses was employed to make the visits.

It was soon found that available funds were insufficient to promote the service extensively. The interest of the Julius Rosenwald Fund was enlisted and a grant of money was received to cover the promotion and part of the operating deficit over an experimental period. The Joint Committee on Hourly Nursing, comprising representatives from the Central Council for Nursing Education and the First District, Illinois State Nurses Association, was designated to administer the service. A well-qualified executive was employed to promote and supervise the project. The experiment covered eighteen months, from January, 1931, to July, 1932, since which time the First District, Illinois State Nurses Association, has been carrying on the service with the Joint Committee acting in an advisory capacity.

The personnel consisted of a director and two full-time staff nurses on salary, and as many part-time nurses as the volume of work demanded. The latter were called associate nurses and the fees collected by them were retained in lieu of salary with the exception of

a ten per cent. commission which they paid to the organization.

A Medical Advisory Committee was formed and its recommendations were found most valuable. It was not found necessary to obtain standing orders, as it was always possible to obtain an order directly from the attending physician. A Community Committee, composed of over one hundred representative citizens from all sections of the city, was organized for the purpose of extending knowledge of the service.

Patients' requests were given special attention. Appointments were made for the hour the patient preferred. Arrangements were made for patients to have the same nurse continue for the duration of the case, with only rare exceptions.

The fees charged were $2.00 for the first hour and 50c for each additional half-hour. As the financial situation became more acute, and the need for some change in rates became apparent, a non-appointment service at a rate of $1.50 for the first hour was instituted in addition to the appointment service. For patients who preferred this service, the nurse did not save a special hour. This enabled her to arrange her calls to better advantage. The patient was notified the time the visit was to be made, so as to be able to plan her routine accordingly.

The types of cases cared for varied widely. The majority of visits were made to chronic patients. Convalescent surgical, medical and obstetrical cases also found the service useful as well as persons with mildly acute illnesses and patients needing only an occasional treatment. The length of visits was limited to four hours except in emergency. A four-hour service was allowed in order to include relief for the twenty-hour nurse during her hours off in the afternoon. As a matter of fact, eighty-one per cent. of the visits were only one hour or less in length. The frequency of visits was determined both by the need and desire of the patient.

Many avenues of publicity were used. Addresses were made before lay and professional groups and weekly radio broadcasts were given. Frequent newspaper articles and announcements in bulletins of various organizations were published. Advertising was done in the *Medical Society Bulletin*. Posters and leaflets were widely distributed. The most effective publicity was found to be that which reached the doctor, as forty per cent. of the cases during the experiment were found to be referred directly by the physician.

There is some doubt as to whether this service reached the group we started out to help, namely, persons of moderate means. An analysis of the economic status of our patients indicated that more persons in comfortable circumstances used the service than those whose incomes were more limited. In any case, it filled a need not otherwise being met, as it provided care to persons not needing more than an hour or so of skilled nursing care a day. From this point of view, we may say that Hourly Nursing in Chicago proved a success.

From a financial standpoint, it proved without a doubt that it could not become self-supporting conducted on this basis. With the nurse's day reasonably well filled, she cannot bring in a sufficient amount over and above her own salary and expenses incidental to her work to contribute more than a small sum toward the overhead expense of organization, supervision and development of the service.

To remedy this situation, could we have charged a higher fee? I doubt it. There are some who contend that the charges are already

too high. It has been rightly said that *the whole trouble is that everyone is talking about a service which never can be cheap, and expecting some wizard in organization to give a highly skilled supervised service for about what one pays unskilled labour by the hour.*

Is the demand for Hourly Nursing increasing? This is a difficult question to answer. Certainly, it is becoming more widely discussed. We hear more and more of nurses doing hourly nursing independently. It is easy to understand how this comes about. When a patient no longer needs the full-time services of a special nurse, if she can retain her on an hourly basis, it is a logical arrangement, due to the fact that the nurse knows her condition thoroughly, and will undoubtedly have a long wait for her next special duty case. Nurses who are idle will naturally be called by friends who have any need of hourly care.

From the standpoint of offering a stable hourly service, using nurses from the Registry for *all* hourly work would be unsatisfactory. An hourly case would not bring sufficient reimbursement to the nurse to warrant sacrificing her place on the waiting list. If she remained on call while making hourly visits her primary interest would not be in the hourly case, a fact which would be difficult to conceal from the patient. Furthermore, the patient who is most benefited by hourly nursing is the chronic invalid who needs care over weeks, months or even years. The changing of nurses necessitated whenever a nurse would be called for a full-time case would soon cause dissatisfaction from the patient's standpoint.

How, then, is the public to be supplied with hourly nursing for which there is adequate proof that there is a need? All things considered, the administration of hourly nursing service by Visiting Nurse Associations has most in its favour from the standpoint of both economy and efficiency. The organization is already well established. Supervision need not be apart from the supervision of the general staff. The nurses are already accustomed to making quick adjustments, to making the best use of their time and they know how to utilize the help of some member of the family when available. Districting would be simplified.

Michael M. Davis, Ph.D., Director of Medical Services of the Julius Rosenwald Fund, writes his views on the "Meaning of the Chicago Experiment" (*American Journal of Nursing*, February, 1933), and reminds us that this would be in line with the principle toward which public health nursing has been working, namely, generalized districted service. He states that despite the psychological problems faced because the background of public health nursing organizations is charitable, it is not the first to face that situation. Hospitals a generation ago served only the poor and are now patronized by the rich as well. Why should not hourly nursing look forward to the same experience?

What can we conclude from these various experiments which have been carried on in both hourly and group nursing? It is indeed an attempt on the part of *nurses themselves* to co-operate in solving some of the problems confronting the profession, chiefly that of giving the public the amount of nursing care it needs.

Just now the patient is determined to do without graduate nursing entirely unless desperately ill, and is still not aware of the mutual benefits to be derived from a fewer number of hours, all of which are devoted to strictly nursing duties.

I am convinced that the large

majority of hourly patients would not be employing special nurses even were there no such thing as hourly nursing. The opinion of those in a position to judge is the same in regard to Group Nursing. To that extent, then, both hourly and group nursing are *creating* work for graduate nurses. If there are patients who are now using either who would otherwise be employing special nursing it is because they find it meets their need adequately.

Special nursing will always be in demand for those who do need continuous nursing care, but we cannot expect the patient who does not need it to continue to employ it. He had gotten over that affluent mood. It is up to us, then, to make these other services so well-known and so perfected that many people who hitherto have not employed graduate nursing at all will now do so. It is a question of educating the public to a realization that it is an economy to secure skilled nursing service if they can obtain it in whatever amounts they need, be it for one hour or twenty-four.

Whether hourly nursing and group nursing are methods which will become generally adopted, it is too soon to state. If other methods are suggested, tried and found to meet the need better, we should not hesitate to acknowledge it. Until that time, let us all give our wholehearted support to the projects now under scrutiny, in order that they may be given a fair trial.

A VISITOR TO THE APPENDIX IN No. 6

"So I felt that I must come round at once, directly I heard you were to be *done* to-morrow, because I know what agony it is directly afterwards, and one can't talk or anything, naturally. I shall never forget poor dear Flossie—you remember she died just the other day? though I daresay that hadn't *really* anything to do with the operation. I went to see her nearly a week after she'd been operated on, and I shall never forget what she looked like—pale mauve, darling, I assure you—and the *whole* of her hair had fallen out. Literally it came out in chunks. She used to find it on the pillow in the mornings. Of course, I daresay the rest may do you good, once the worst is over. You look so pale and tired, dear; I almost feel I oughtn't to to have come, except that I did so want to cheer you up a little, before the great ordeal . . . "

Many nurses will recognize this inveterate ghoul.

—*The British Journal of Nursing.*

BOOK REVIEWS

LIPPINCOTT'S QUICK REFERENCE BOOK FOR NURSES. Compiled by Helen Young, R.N., Director of School of Nursing, Presbyterian Hospital, New York City, with the assistance of Georgia A. Morrison, R.N., Assistant Director, and Margaret Eliot, R.N., Instructor in Charge of Nursing Procedures, School of Nursing, Presbyterian Hospital, New York City. Published by J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price, $2.50.

This handy little volume is a miracle of compression, and yet contains an astonishing amount of information on a variety of topics.

The facts presented make no claim to originality, but the rearrangement of this mass of knowledge for purposes of quick reference is the contribution of the authors, who have continually focussed upon the problem of including satisfactory answers to a wide range of the many ordinary and the often vexing situations requiring quick action.

This material, collected by nurses for nurses, has been arranged alphabetically under six main topics: (1) General Information, including Abbreviations, Tables, Equivalents, etc.; (2) Materia Medica; (3) Nursing Techniques; (4) Diets; (5) Medical and Surgical Nursing; and (6) Obstetrical Nursing. After each division, a few blank pages have been inserted to provide space for the reader, who will be constantly accumulating additional data along the lines of special significance to her.

A volume such as this would be invaluable to public health and private duty nurses, who are frequently obliged to meet and cope with difficult nursing situations under conditions which do not permit seeking advice. Every statement has been submitted to rigid scrutiny by the authors, all of whom are recognized authorities concerning nursing practice. Copies may be ordered direct from the Montreal office of the J. B. Lippincott Company, 525 Confederation Bldg., Montreal.

FUNDAMENTALS OF CHEMISTRY, by L. Jean Bogert, Ph.D., formerly Instructor in the Department of Medicine, University of Chicago; Instructor in Experimental Medicine, Yale Medical School, and Lecturer in Chemistry, Connecticut Training School for Nurses, New Haven; Professor of Food Economics and Nutrition, Kansas State Agricultural College, Manhattan; Research Chemist, Obstetrical Department, Henry Ford Hospital, Detroit. Third edition, revised. Published by W. B. Saunders Company, 1933. Canadian representatives, McAinsh and Company, Limited, Toronto.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

THE HARD-OF-HEARING CHILD

M. B. WHYTE, M.D., Toronto

The problem presented by the hard-of-hearing child, and the task of combatting retardation in those so handicapped, has resulted in the segregation of these children into classes for the totally deaf and classes for the hard-of-hearing, to the educational advantage of all pupils.

The selection of children suitable for these classes is made according to the type of deafness, which has a bearing on prognosis, and to the child's ability to hear. The diagnosis of the type of deafness should be left to the otologist, but teachers and nurses are in a position to roughly determine the degree of deafness. The whole question of hearing tests has been comprehensively studied and reported upon by the Committee for the Consideration of Hearing Tests, and I shall quote in part from their findings.

The test of the patient's ability to hear the voice is important, because it is the degree of inability to hear the conversation of his fellows which is the measure of the patient's deafness.

It is essential that such testing should be standardized as much as possible. It is for this reason that otologists should train themselves so that their spoken words should always be heard at the same distance. Twenty feet is the distance recommended by the Committee.

The hearing should be tested with both ears open and then the hearing of each ear separately, the other ear being closed by the finger.

The use of isolated words and numbers is recommended so that the possibility of the patient identifying the word by context may be eliminated.

In any given case, all tests should be carried out under the same conditions of environment; thus, the degree of adventitious noise falling on the ear should be the same.

The Committee does not attach great importance to the use of the whisper in testing. It is no measure of the ability to hear conversation.

There are two major classifications of deafness, conductive deafness and perceptive deafness. Cases of the latter are in the majority in the classes for the totally deaf, the former in the classes for hard-of-hearing. In perceptive deafness the nerve mechanism is at fault and the prognosis, as far as ever hearing again is concerned, is hopeless. In conductive deafness the function of the conductive apparatus has been interfered with in varying degrees, resulting in a varying ability to hear. In these, improvement may be hoped for with proper treatment in suitable cases, but as a rule the damage has been done in the preschool age, is of long standing, and a return to normal hearing is the exception. The causes of perceptive deafness may be listed as follows:—

1. Congenital absence of the organ of Corti, the delicate sensory nerve-ending for hearing in the internal ear. The child is unable to hear from birth and becomes a deaf mute. This sensory nerve-ending for hearing corresponds to the retina of the eye, the sensory nerve-ending for sight.

An address delivered to the School Health Section of the Ontario Educational Association, April 18, 1933.

2. Disease affecting the nerve mechanism after birth, such as:—

Lues.

Arsenic in salvarsan, used in the treatment of lues.

Epidemic typhoid.

Epidemic cerebro-spinal meningitis, frequently resulting in bilateral deafness.

Mumps.

Scarlet fever.

Botulismus and the eating of decayed fish.

The improper use of quinine and salicylates in certain individuals.

If a child becomes totally deaf from any of the above causes as late as six or seven years of age, he will become a deaf mute. An exceptional case has been known to become a deaf mute on losing his hearing as late as the fifteenth year.

Conductive deafness may be due to congenital absence or occlusion of the external auditory canal, or the canal may be blocked by wax or foreign bodies. The causes of conductive deafness due to disease of the middle ear are to be found primarily in the naso-pharnyx. The middle ear is in close communication with the naso-pharnyx by the Eustachian tube, and therefore is frequently subject to the inflammatory processes which occur in the naso-pharnyx, such as head colds and tonsillitis, and the obstructive effect of enlarged adenoid. Recurring attacks of secretory catarrh of the middle ear, without any visible discharge from the ear, gradually wear down the child's ability to hear.

In others, an attack of acute otitis media with pain, and discharge, is a most potent factor in causing deafness, if measures are not taken to cure the condition within a reasonable length of time. From my examination of many hard-of-hearing school children, I have been impressed by the preponderance of chronic discharging ears, with resultant destruction of the delicate conductive mechanism, and permanent loss of hearing. Prolonged discharge is fatal to hearing, and the remedy seems to lie in the education of the parents as to its importance.

It is impossible to lay down any hard and fast rule for every case, but, in a general way, it may be said that if a child's ear is still discharging after six weeks, or even less, something should be done about it. That something is usually the mastoid operation. And it is not an operation to be dreaded if done at the proper time. It is a great life saver and hearing saver. It has come to be regarded with horror by the layman because, in our parents' time, it was largely used as a last resort to try and save life, usually after meningitis had set in, and meningitis of otitic origin is always fatal. It is now used to save hearing, as well as to save life, and in competent hands and done at the right time, the death rate is not one in a hundred.

The prevalence of chronic discharging ears is a measure of our intelligence, education and standard of living. In Central Europe, where the peasant classes have not our educational advantages, a discharging ear and deafness creates no special worry or concern, until the patient finally turns up at the ear clinics in the cities, desperately ill with some intra-cranial complication, thus providing the clinical material which our post-graduates go abroad to see and study. Fortunately, our people are more enlightened than that, but we can go a step further and cut down our cases of preventable deafness enormously, particularly if the facts I have pointed out to you can be brought home to the parents of children of school and pre-school age.

The removal of offending tonsils and adenoids will reduce the incidence of ear trouble, while the mastoid operation where indicated,

and if done in time, will save the hearing in more than eighty per cent. of cases where discharge has become established. This is the kernel of my address to you today. Forget the rest if you like, but be convinced of this as the sure method of prevention which strikes at the root of the problem of the hard-of-hearing child.

I have been examining suspected deaf school children, for several years, to assist in deciding to which class they should be allotted, classes for the totally deaf or classes for the hard-of-hearing. What does the very existence of these classes mean, classes in which lip reading is taught? It means that there are a large number of children, entering the competition of life, handicapped from the start with a loss of hearing which science has to admit that it cannot restore, and lip reading has to be resorted to.

This is bad enough in itself, but when one realizes that a very large number of these cases could have been prevented, then it is indeed depressing. With exceptions, of course, deafness is something which is more amenable to prevention than to cure, and should be known as a preventable affliction.

AN IMPORTANT APPOINTMENT

Miss Nora Moore was appointed Director of the Nursing Division of the Toronto Department of Public Health on April 3rd, 1933. Miss Moore is a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, and also took the post-graduate course in public health, given under the auspices of the League of Red Cross Societies, at Bedford College, London, England.

Upon her return from England in 1922, Miss Moore was appointed Assistant Director of the Nursing Division. The first Child Health Centres in Toronto Department of Public Health were organized by her.

The excellent work done by the Nursing Division has already served as a model both at home and abroad, and its further development will be watched with interest by nurses in all parts of the world.

LETTERS TO THE EDITOR

Thinking It Over

An article, written by the President of the Canadian Nurses Association, entitled *The Canadian Nurse in Her New Uniform*, appeared in the March issue of the *Journal*. The President suggested that, if we had ideas to offer, we should write to the Editor about them, and concluded her appeal with the words: "Think it over!"

Thinking it over! That is what I have been doing for over two years; but have hesitated until now to write and tell the Editor about it, as the President has asked us to do.

These suggestions come to you from a hospital staffed with graduate nurses, and there are a number of such hospitals in Canada, and, if we are located in smaller cities and towns as most of us are, our only contact with nursing and hospital fields is through our magazines, by visiting other hospitals and by attending conventions.

We are interested in the training schools and in all other problems, for it is from them that we draw our staff nurses; but we have our own problems of a different kind, and they are legion. How often I have wished for an opportunity to lay them before those who have had similar experiences, or to have wise counsel and advice from other hospital superintendents.

My suggestion would be to have a page in *The Canadian Nurse* devoted to the discussion of various subjects of special interest to hospital people. We might tell each other of our pet economies, how we save on gauze and drug supplies, how to arrange our eight-hour day, our relief for days off, and how we conduct our staff conferences. We could discuss the trying out of new methods, and of adapting ourselves to them, and the problem of making it easier for graduate nurses to work together in hospitals other than their own training schools.

We might devise plans for providing opportunities to release graduate general duty nurses to go to larger hospitals, and take refresher courses in practical work, thus broadening their outlook on nursing, and keeping them from getting into a rut.

These are only a few of the topics we might discuss, but I feel confident that there are more of us who will come forward with questions and we will all benefit thereby, for as the President reminds us "we are no greater than the distinctive creative work we do".

A. E. R.

An Editorial Lapse

The League of Red Cross Societies,
2 Avenue Velasquez, Paris.

Dear Madam:

I have read with great interest Dr. Maude Abbott's appreciation of Mrs. Seymer's book, *A General History of Nursing*, which appears in the May number of *The Canadian Nurse*. May I call your attention to a slight error which appears on page 246, col. 2, line 27, which reads:

> The World War left almost as great an impression, for, following upon the Cannes Conference and the establishment in 1919 of the Nursing Division of the League of Nations with the avowed object of establishing Training Schools . . . etc.

This should read:

> . . . the establishment in 1919 of the Nursing Division of the League of Red Cross Societies . . .

A Nursing Division has not yet been established by the League of Nations, although, during the last two years, an American nurse, Miss Goff, has been attached to the Health Section through the initiative of the International Council of Nurses.

Yours faithfully,
MAYNARD L. CARTER,
Chief, Nursing Division.

The *Journal* is grateful to Mrs. Carter for drawing attention to a slip of the pen which certainly should not have escaped the editorial eye during the process of proof-reading.—*Editor.*

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

International Interests

"Until Paris and Brussels" was heard again and again as members of the Canadian Nurses Association bade farewell to their guests who had come from thirty-three countries to attend the Sixth General Congress of the International Council of Nurses in Montreal, in July, 1929. At present, one can well imagine that the nurses of France and Belgium must think Canadian nurses have kept their resolve of four years ago, as recently at least one hundred and twenty-five members of the C.N.A. sailed from Montreal or Quebec and are participating in the Seventh General Congress of the I.C.N. in Paris and Brussels.

Canada has always had reason to be proud of the way in which her nurses respond to every undertaking that requires the concerted action and support of the nursing profession. Even so, the fact that so large a contingent has been able to go to Paris and Brussels is especially encouraging at this time. It shows that, in addition to readily assuming national obligations, the C.N.A. members can be relied upon to appreciate and accept international responsibilities and privileges. This is not peculiar to the present Congress; records show that shortly after the Association was founded, twenty-five members attended a Congress in London, England, in 1909, and at intervening international meetings, Canada has been well represented.

One can readily picture the budgetting and re-budgetting done early this year before even one hundred and twenty-five nurses could decide that their financial condition would permit the expenditure necessary for an overseas trip.

With the assistance of Thos. Cook and Son, Ltd., the C.N.A. has been able to offer a number of very attractive tours at most reasonable rates. The splendid response to this undertaking has been exceedingly gratifying to the Executive Committee of the Association, especially as it made possible the sending of the full quota of official representatives from the C.N.A. to the Grand Council, which is the voting body of the I.C.N. Each representative is contributing to the Congress Programme.

The present international gathering is the third to be held since the C.N.A. opened its National Office. It has been most interesting to observe the progressive development of increased activities and relationship between the International Organization and the C.N.A. During the months preceding a Congress there is additional work required of the National Office staff as communications from International Headquarters are received, and in so far as possible, are dealt with there. Not the least among preparations carried on prior to the present Congress was making arrangements for the C.N.A. Tours: a new experience but really an enjoyable one, especially as direct contact was made with individual members of the provincial units.

The names of the nurses who registered for the Congress, through the National Office, before June 1, are included in the accompanying list. As one notes the extensive geographical area from which these nurses come, one forsees that the inspiration, that can be derived

only from an international gathering, will be transmitted Dominion-wide, when these travellers return and relate their experiences to their professional associates who have been prevented from attending the present Congress.

Alberta

Misses Kate S. Brighty, Mary F. Cooper, Marie Garde, Harriette Watson and Mmes. H. Dixon and F. W. Gershaw.

British Columbia

Misses Winnifred Cook, Eva Fiddick, Sybil S. Gardner, M. Irene Hall, Meta Hodge, Estella J. Herbert, Agnes L. Kinney, Helen M. Olsen, Cora Trethaway, Nellie Williams, Margaret Young and Mrs. Louise Silversides.

Manitoba

Misses Annie C. Armstrong, Madaline J. Kingersky, Elizabeth A. Russell, Anna E. Wells.

New Brunswick

Miss Maude E. Retallick and Mrs. Duncan Smith.

Nova Scotia

Miss Helen G. MacKenzie.

Ontario

Misses Beatrice Austin, M. Aussant, Ione M. Bell, Raymonde Brule, Priscilla Campbell, Margaret M. Clark, Jean P. Dent, Beatrice Ellis, Florence H. M. Emory, A. P. Evans, B. Fraser, Gertrude Finnemore, Effie Forgie, Mary Maud Fry, Ida M. Gardner, A. Gibson, Maude E. Gordon, C. Ethel Greenwood, Jean I. Gunn, Grace E. Hamilton, M. Kelman, Clara S. Kittmer, Lucy M. Logie, Dorothy Mickleborough, Lila Mae Morrison, Isabel MacIntosh, Edna G. McKinnon, Katherine McRae, M. R. McRae, R. A. Parkhouse, M. B. Petty, Gladys Reed, Elizabeth Regan, P. Reuber, Juliette Robert, Anne A. Rogers, G. K. Ryde, Mary R. Shaffner, Cornelia Sheridan, L. M. Sproule, Hilda Teather, Rose Therien, Evelyn I. Thompson, M. Turnbull, Sadie A. Williams, Gladys Sharpe and Mmes. Edgar Boyle and Myrtle Foley.

Quebec

Rev. Sr. Allard and Rev. Sr. Valerie de la Sagesse; Misses Martha Armstrong, Caroline V. Barrett, Alice Beauchamp, Martha Batson, Helene Beaudet, Mildred Buchanan, Marie Canton, Helen Costello, Hermine Dupuis, Lucienne Desjardine, Hettie Easterbrook, Blanche Herman, Dorothy Holtby, Katherine Jamer, Constant LeMontagne, Marion Lindeburgh, Alice Lepine, Edna Lynch, J. N. Murphy, Hilda Nuthall, Maria Oliver, Ruth E. Phillips, Suzette Panet-Raymond, Marguerite C. Reid, E. Bell Rogers, Beatrice Roy, Blanche Roy, Maria Roy, Helen N. Stewart, Marguerite Taschereau, Rose Mary Tansey, Catherine C. Thompson, Elsie Williams, Jean S. Wilson.

Saskatchewan

Miss S. Lewis

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At a special business meeting of the Calgary Association of Graduate Nurses held recently, it was decided to close the Registry connected with the Association, for three months. For the past two months the Registry has been unable to meet its financial obligations and the efforts made to increase the membership have not been successful. It seems unfortunate that the Registry is obliged to discontinue its functions particularly in these distressing times, when work is scarce for all concerned. Great credit is due the small body of members who have struggled to keep the Registry open in spite of many difficulties.

EDMONTON: The speaker for the evening at the May meeting of the Edmonton Graduate Nurses' Association was Mrs. Kilburn, supervisor of the Social Service Department of the University Hospital, who dealt interestingly with the problems of such a department in these days of depression and unemployment. A knowledge of home conditions brought to the hospital nurse by the social service worker should be of much value in broadening her vision and giving a new viewpoint.

EDMONTON: The Convocation Exercises of the University of Alberta were held on May 16, when twenty-two nurses from the School of Nursing of the University Hospital received their diplomas for the three-year course, and three members of the graduating class were presented with the B.Sc. degree upon the completion of a five-year combined academic and nursing course.

MEDICINE HAT: The Graduation Exercises of the School of Nursing of the Medicine Hat General Hospital took place on May 12, amid a profusion of flowers. Nine nurses received their diplomas and prizes were awarded to Miss Vern Harvey, Miss Lydia Gess, Miss Olaf Hansen, and Miss Gladys Adams. Dr. Boyd addressed the graduating class and administered the Nightingale pledge.

PONOKA: The Provincial Mental Hospital, situated at Ponoka, held its first Graduating Exercises on May 31, when eight nurses, having completed a three-year course in psychiatric nursing, received their diplomas, and twenty-three young men received attendants certificates. The diplomas and certificates were presented by the Hon. George Hoadley, Minister of Health, and the pins and buttons by Miss Catherine Lynch, Reg. N., Superintendent of Nurses. This is the first class in Alberta which has graduated in mental nursing.

BRITISH COLUMBIA

VANCOUVER: The following are the results of the examinations held in April for candidates wishing to obtain title and certificate of Registered Nurse in British Columbia. One hundred and forty-six nurses took the examination, of which a hundred and thirty-nine wrote full papers and seven wrote supplementals. The standing obtained was as follows:

FIRST CLASS: (80% and over):

K. M. Bambrick, St. Joseph's Hospital, Victoria; A. M. Walker, General Hospital, Prince Rupert; Sister Paul Bernard, St. Paul's Hospital, Vancouver; A. I. Plunkett, Vancouver, General Hospital; J. A. Wallinger, F. S. Hilton, B. A. Ross, M. I. Mack, (M. E. Ferris, M. B. Loake—equal), B. P. Butler, D. M. Watson, O. H. Ross, H. B. Coltman.

SECOND CLASS: (65% to 80%):

R. E. Gillis, (D. J. Lauder, L. J. MacLean—equal), K. Muckle, (M. I. Ault, M. Jackson, E. J. Wilson—equal), (R. A. Blomberg, K. S. Slater—equal), Sister Mary Patrick, A. H. Teto, (M. A. James, E. F. Lowe, J. Plant, G. I. Saunders—equal), C. M. Cox, (E. R. Bond, M. A. King—equal), (M. M. Brearley, M. B. Kearney—equal), (E. E. Carpenter, M. E. Fisher, S. F. T. Gillis—equal), H. E. Marsh, (H. C. M. Coulter, M. Portway—equal), (D. M. Carter, T. M. I. Jacobson, A. M. Lander, A. G. Scott—equal), (W. C. Bunn, M. R. Christianson, K. I. Sherrick—equal), (K. M. Clark, M. S. Lawson, J. A. Speed—equal), (M. K. Duncan, J. A. MacMillan, M. A. Richards—equal), (M. R. Cameron, M. K. Cornwall—equal), (J. H. Baillies, L. M. Lindseth—equal), B. H. Macdonald, (J. D. McDonald, I. M. Steeves—equal), (T. Russell, B. M. Shiell—equal), (D. A. Lucas, V. G. Oatway—equal), (J. D. Ewart, M. G. Poole—equal), V. E. Peters, Mrs. M. R. Ironside, I. Francis, (I. G. G. Blythe, N. O. Harmer, N. A. A. McRae—equal), D. F. Hornibrook, E. M. Billett, C. M. McKenzie, O. W. Joyce, (E. D. Black, M. V. Graham—equal), M. M. S. Hembling, E. L. Richomnd, M. A. P. Knight, D. A. Ross, E. M. Armstrong, C. M. McDowall, L. M. Fraser, (P. Agar, V. M. Fuoco, B. J. B. Wallis—equal), (A. E. Baker, D. Edwards—equal), (M. M. Akerman, M. B. Danes, A. M. Jostad, I. E. McCuaig—equal), R. W. Sturgeon, G. G. Taylor, S. E. Jarvis, B. Baillie, S. LeV. McQuinn, (H. G. Andrews, M. A. Butler—equal), A. C. Winny, A. B. Nelems, D. E. Thomas, F. B. McLean, (C. F. Dack, L. O.

Webster—equal), (K. I. McGill, H. E. Page —equal), (G. M. Pooley, L. A. Stark—equal), (A. P. K. Lewis, J. M. D. Russell—equal), P. M. Fox, (M. F. Macleod, A. B. Robertson —equal).

PASSED (60% to 65%):

(R. V. Pearson, J. E. Sneddon—equal), M. D. Copp, A. K. Williams, M. I. Grant, L. J. MacDonald, (I. L. Dingwall, A. M. McKay, L. M. Parry—equal), (W. A. M. Fairweather, G. A. Little—equal), M. I. Acheson, M. I. Brooke, M. I. Hayes. PASSED WITH SUPPLEMENTAL EXAMINATION TO WRITE: G. B. Beech (1), L. R. Feikert (1), G. L. Reynolds (1), C. A. Walker (1). PASSED SUPPLEMENTAL EXAMINATION: H. E. Fletcher, M. Gilbert, F. E. Jupp, Mrs. J. Mackie, W. M. Robillard, L. M. Solerville, M. I. MacKenzie.

MANITOBA:

BRANDON: The annual meeting, held on May 2, of the Brandon Graduate Nurses' Association took the form of a dinner, in honor of the graduating class of 1933 of the School of Nursing of the Brandon General Hospital, twenty-one students being present. Each student had at her place a corsage bouquet of sweet peas and a miniature nurse. Community singing and toasts kept the party gay. Miss Turnbull the guest speaker, took as her theme GETTING BACK TO NATURE, giving some good advice to the young graduates. The reports of various committees were read and that of the "Cook-book Fund" was most promising, as $270.00 had thus been made and donated to the Brandon General Hospital to supply linen.

WINNIPEG: The Graduating Exercises of the School of Nursing of the Winnipeg General Hospital were held on May 19 when eighty-one nurses received their medals and diplomas. The Annual of the Alumnae Association for 1933 has recently appeared under the direction of a Committee on Publication including the Editor: Miss Ruth D. Monk and Miss Grace Gourley; Miss Edith Timlick and Mrs. Graham. The Annual contains a forecast, written by Miss K. W. Ellis, of the approaching fiftieth anniversary of the School of Nursing which is to take place in 1937, and a number of other interesting articles.

MARRIED: Recently, Miss Ivy Webster, (Class of 1930, W.G.H.), to Mr. Victor Miller of Toronto.

MARRIED: On April 8, 1933, Miss Margaret Backman (Class of 1928 W.G.H.), to Mr. Charles Kirshaw.

MARRIED: In April, Miss Maude Porteous (Class of 1927 W.G.H.), to Mr. Charles Vincent.

WINNIPEG: The graduation exercises of the School for Nurses of the Children's Hospital of Winnipeg took place on June 5, sixteen nurses receiving their medals and diplomas.

NEW BRUNSWICK:

FREDERICTON: The graduating exercises of the School of Nursing of the Victoria Public Hospital took place in May. The graduating class entered the hall to the strains of a march played by Miss Helen Smith and the invocation was given by Rev. G. W. Guiou. His Worship Mayor Clark, J. A. Reid, Dr. R. J. Collins, Saint John and Rev. George Telford gave addresses. Mrs. Neva Buckley Inch and Mrs. H. S. Wright took part in the programme and the valedictory was read by Miss Annie Raymond. Miss Helen Laurie Crockett, was the winner of the prize given by the Hospital Aid for proficiency in obstetrics, and also of the prize for general efficiency. Each member of the graduating class was presented with a book by the Fredericton Chapter of the Graduate Nurses' Association, the presentation being made by the president. Dr. A. L. Gerow presented the diplomas and the hospital pins were presented by the superintendent, Mrs. Woodcock. The members of the graduating class are as follows: Miss F. E. Rickard, Miss Arline M. Inman, Miss Annie M. Raymond, Miss Ethel C. Brighton, Miss Phyllis M. Wilson, Miss Hannah I. Jewett, Miss Dorothy J. Grant, Miss Esther R. Ellis, Miss Edna M. Stewart, Miss Helen L. Crockett, Miss Lena P. Estabrook.

FREDERICTON: The regular meetings of the Registered Nurses' Association are held the first Monday of the month in the charmingly furnished reception rooms of the new Nurses Home. After the business meeting, an interesting lecture is given by a medical man, under the auspices of the educational committee. The attendance is increasing quite rapidly, numbering twenty-seven this month.

SAINT JOHN: The graduating exercises of the 1933 class of the Training School of the Saint John General Hospital were held recently with fifteen nurses graduating. Prizes were presented to Miss Reid, Miss Moore, and Miss Dunlop. Dr. White, Dr. Hewitt, and the Rev. W. P. Haigh were the special speakers, and Mr. Haigh led the graduates in repeating the Florence Nightingale pledge. Members of the Board of Commissioners were seated on the platform with the graduates, and the students occupied special seats in the auditorium. Members of last year's graduating class, in uniform, represented the Alumnae Association as ushers.

The Saint John chapter of the Association of Registered Nurses held its last meeting for the season on May 15 at the Saint John General Hospital, with Miss Ada A. Burns, R.N., in the chair. An interesting lecture on PRESENT-DAY TREATMENT OF DIABETES was given by Dr. W. O. McDonald.

Miss Marion McDonald, R.N. (S.J.G.H. 1931) has successfully passed the examinations in the course in teaching at the McGill School for Graduate Nurses, and is now

taking a post-graduate course in obstetrics at the Royal Victoria Hospital, Montreal. We hear with regret of the illness of Miss Muriel Clarke, R.N., and Miss Margaret Darling, and wish them a speedy recovery.

MARRIED: On June 2, 1933, Thora Woodley, R.N., (S.J.G.H. 1931), to Mr. Walter A. Dixon.

ST. STEPHEN: The St. Stephen Local Chapter of Registered Nurses, held a "Be your age" costume party at the home of Miss Helen Mowatt, on May 26. A short business meeting was held at which the committee reported that the proceeds from the "Movie" was $111.35. The evening ended with flashlight pictures and refreshments.

A special meeting of the Chipman Memorial Hospital Alumnae Association was held, and arrangements completed to conduct a dance for the graduating class, following the graduating exercises. Generous offers of help have been received from several sources and the dance is to be financed by the Alumnae to the extent of $50.00, with the generous offer of one of the "older graduates" to meet any deficit.

Sincere sympathy is extended to Miss Alice Powers in the sudden death of her sister Mrs. Amos.

REGISTERED NURSES ASSOCIATION OF ONTARIO

DISTRICT 1.

CHATHAM: The Annual Meeting of District 1 of the R.N.A.O. was held at Chatham on May 20, with a registration of eighty. The chairman, Miss Priscilla Campbell, Superintendent of the Public General Hospital, Chatham, presided. Following the invocation by the Rev. W. J. Preston, addresses were given by His Worship, Mayor J. L. Davis and the Rev. Father Maloney.

At the business session it was decided to provide for representation on the Council of all Alumnae Associations and other associations of registered nurses. Three hundred and thirty-three members were reported for District 1, and a challenge was issued to increase that number to five hundred this year. Miss Campbell appealed to all present to give greater support to *The Canadian Nurse* and pointed out the importance of forwarding material of interest to the editor, for publication. Miss Kennedy, of the Ontario Hospital, London, was appointed Convenor of Publications and subscriptions.

Mr. W. F. Thorne, Assistant Superintendent of Industrial Agencies of the London Life Insurance Company, outlined a plan of insurance for nurses as arranged by his company. Many points of discussion were brought up, dealing with the advisability of insurance, the benefits derived therefrom, and the different policies offered. It was decided that further information be secured from several insurance companies. At the close of the morning session the members of the executive of District 1 were entertained at a dainty luncheon at the Public General Hospital, as the guests of Miss Priscilla Campbell.

At the afternoon session a most interesting address was given by Dr. J. R. M. Martin on CANCER, ITS EARLY DIAGNOSIS AND TREATMENT. He gave much important imformation regarding the cause and treatment of this disease and in closing, said, that if cancer increases in the next few years as it has in the past thirty years, it will fall heir to the title Sir William Osler gave to tuberculosis. "The Captain of the Men of Death." Little Yvonne Kemp entertained the audience with delightful readings. Pleasing choruses were rendered by the student nurses of St. Joseph's Hospital, and the Public General Hospital. Following the meeting, the visiting nurses were guests of the Alumnae Associations of St. Joseph's Hospital and the Public General Hospital at tea served in the mezzanine of the William Pitt Hotel.

CHATHAM: Miss Priscilla Campbell, Reg. N., Superintendent of the Public General Hospital, Chatham and Chairman of District 1 Registered Nurses Association of Ontario, leaves the latter part of June for an extensive tour abroad, and will attend the International Congress of Nurses to be held in Paris. During her stay in Europe, Miss Campbell will take post-graduate work in hospital and nursing administration at St. Thomas's Hospital, London, St. Bartholomew's Hospital; Guy's Hospital, University College Hospital, and the Royal Infirmary, Edinburgh. Miss Gertrude Myers, Reg. N., Public General Hospital, Chatham, also leaves aboard the Empress of Britain, to attend the International Congress of Nurses.

CHATHAM: The graduation exercises of the School of Nursing of St. Joseph's Hospital, Chatham, were held in the auditorium of the Vocational School on May 10, when fifteen graduates received their diplomas.

DISTRICT 2.

BRANTFORD: The graduating exercises of the Brantford General Hospital School for Nurses, were held on June 3, when twenty-six students received their diplomas and pins. Dr. W. Sherwood Fox, President, Western University, London, was the guest speaker. Immediately following the exercises, a reception was held and a dance was given in the evening, in honour of the class, by Miss E. M. McKee, the superintendent of the hospital. The graduating class were also the guests of the Alumnae Association at a banquet and dance held at the Golf and Country Club recently. Toasts were proposed by the Misses G. Buzza, M. Hollister, L. Mortimer, F. Posno and M. Nichol, and responded to by Misses M. Gillespie, K. Charnley and E. M. McKee. Miss H. Stevens and Miss C. Biffin sang pleasing solos. Miss E. M. McKee and Miss K.

Charnley graciously received the guests. Out-of-town nurses included Miss Bartley, Miss J. Davidson, Mrs. Henderson, and Mrs. Matson.

KITCHENER: In the presence of representatives of the hospital board, the medical profession, the clergy, the hospital auxiliaries, and their own relatives and friends, the Class of 1933 of the Kitchener and Waterloo Hospital School of Nursing recently received their diplomas. Behind a border of roses, snapdragons and carnations, the thirteen members of the class, in their trim white uniforms made a memorable picture. The three winners of special prizes were Miss Reta Galliher, for general proficiency; Miss Florence Wiegand, for surgical technique, and Miss Selma Ruhl for obstetrics. The members of the Kitchener and Waterloo Ladies' Auxiliaries arranged a delightful reception and dance following the exercises. The guests were graciously received by Miss K. S. Scott, the superintendent of the hospital, by Mrs. James S. Lockie, president of the Waterloo Ladies' Auxiliary, and Mrs. C. Duncan Welch, president of the Kitchener Ladies' Auxiliary. The members of the Alumnae Association also entertained recently at a dinner in honour of the graduating class. Covers were laid for eighty guests, who were welcomed by the president, Mrs. Wm. Noll and the executive committee. The graduating classes of the hospital from 1900 to the present time, were each represented, and a happy feature was the address given by Mrs. Walter Ziegler, a graduate of the 1900 class. Out-of-town guests included: Miss Mitchell, Mrs. Baker, Mrs. Hathaway, Miss McCartney, Mrs. Merner, Mrs. French, Miss Muir, Miss Snider, and Miss N. Scott.

WOODSTOCK: For the first time since its inception, Hospital Day was observed at the Woodstock General Hospital this year, when more than three hundred visitors took advantage of the privileges extended. The superintendent, Miss Helen Potts, received the guests, and members of the Alumnae Association escorted them through the various departments the excellent facilities of which occasioned many congratulatory remarks. A delightful tea was served under the auspices of the Hospital Auxiliary, with Miss H. Potts, and Mrs. J. R. Shaw, president of the Auxiliary, receiving.

District 4.

HAMILTON: The Alumnae Association of the Hamilton General Hospital entertained at a dinner, on June 2, at the Scottish Rite Club, in honour of the graduating class of 1933. Among the guests of honour were Dr. and Mrs. Langrill, Dr. and Mrs. Holbrook, Dr. and Mrs. M. G. Brown, Dr. J. K. MacGregor, and Miss MacPherson Dickson, of Toronto, who spoke briefly to the graduating class on PROFESSIONAL PRIVILEGES. The guest speaker, Professor Gilmour, of McMaster University, delighted everyone with his address on EXCURSIONS INTO THE REALM OF FOLKLORE AND MYTHOLOGY. Miss Helen Aitken, President of the Association cordially welcomed the guests and proposed the toast to the King. The toast to the guests was proposed by Miss Ada Scheifele, while the toast to Alma Mater was proposed by Miss Edna Bell. Violin and vocal numbers were given by local artists which contributed to a very enjoyable evening.

MARRIED: On May 13, 1933, Miss Vera M. Martin, (H.G.H. 1927), to Mr. S. P. Thacker of Grosse Pointe Park, Mich.

HAMILTON: The graduating exercises of the School of Nursing of St. Joseph's Hospital were held during May when the following nurses received their diplomas: Miss E. Roberts, Miss M. Swidinski, Miss B. McKenna, Miss D. Copp, Miss A. Farrell, Miss M. Metzker, Miss M. Sinnott, Miss A. McQuillan, Miss M. Butler, Miss M. Brown, Miss A. Bishop, Miss H. Silari, Miss P. Wilton, Miss R. Ricci, Miss I. Yaeger, Miss K. Ion, Miss M. Doyle, Miss M. Castle.

The Graduating Class of 1933 of the School of Nursing of St. Joseph's Hospital was entertained by the Alumnae Association at a dinner held on June 5, in their honour.

MARRIED: On May 11, 1933, Winnifred Dwyer (St. Joseph's Hospital, Class of 1923), to Mr. John Enwright of Greensville.

NIAGARA FALLS: The Alumnae Association of the School of Nursing of the Niagara Falls General Hospital entertained the graduating class of 1933, on May 13, at a dinner bridge in the roof garden of the General Brock Hotel. The tables were decorated with large silver bowls containing pink roses and snapdragon, and lighted with pink candles in silver candelabra. The favors were shoulder bouquets carried out in the color scheme of pink and white. Miss G. Thorpe, President of the Alumnae Association with Miss I. Hammond, Miss A. Irving and Mrs. Garner received the guests. The toast to the graduating class was proposed by Miss G. Thorpe, and was responded to by Miss H. Royce, senior of the graduating class.

District 5.

TORONTO: On May 27, a general meeting of District 5, R.N.A.O. was held at the Toronto Hospital for Consumptives, Weston. The lovely grounds, with lilac and other shrubs in bloom, were unusually attractive on this sunny afternoon, and delighted the members who arrived in motor parties. The Superintendent of Nurses, Miss E. MacPherson Dickson, received in the splendid new surgical building, which was opened by the Governor-General about a year ago, and conducted groups on an observation tour. The visitors were privileged to watch, from the galleries of the operating room, while Dr. Robert Janes performed thoracoplasty operations. Each gallery has a complete glass front and is fitted with a loud speaker by means of which the surgeon explains the stages

of his work. Dr. W. J. Dobbie, Medical Superintendent of the hospital, and Miss Dickson gave short addresses to the members gathered in the Assembly Hall. About one hundred people were served at a delightful tea in the residence and the charge of 35c each was donated to The Queen Mary Hospital for Children.

At the evening meeting Dr. Robert Janes, gave a lecture, illustrated with slides, on SURGERY IN TUBERCULOSIS and Miss Dorothy Mickleborough, President of District 5, made a complete and interesting report of the R.N.A.O. Annual Meeting at Windsor. Lengthy discussion followed the adoption of the report of the Permanent Education Fund Committee and it was decided that a large bridge be held in the fall to cover the deficit for 1931 and 1932.

TORONTO: The Annual Meeting of the Alumnae Association of The Department of Public Health Nursing, University of Toronto, was held in the School of Nursing, on June 1, about fifty members being present. Mr. Wilfred Shute, of the Hart House Camera Club, gave an address illustrated with slides. The following were elected to the Executive, which according to the constitution, elects from its numbers, the officers of the association: Miss Louise Curtis, Miss Laura Gamble, Miss Lawson, Miss Ririe, Miss Agnes Heffernan, Miss Leslie Shearer, Miss Hutchison, Miss Sparrow, Miss Lyons, Miss E. Cryderman.

TORONTO: Miss Edith Campbell, and the supervisors of the Toronto Branch, Victorian Order of Nurses, gave an informal dinner for the visiting V.O.N. supervisors who attended the extension course in supervision, arranged by the School of Nursing. Miss E. Kathleen Russell and Miss Florence Emory of the faculty of the School of Nursing were included in the group, many of whom went on later to the Graduating Exercises of the Toronto General Hospital.

The Staff Council of the Toronto Branch, V.O.N. held its annual picnic on May 31, at Island Park. This is arranged each year as a farewell to the University Students, just completing their practise field-work with the organization. Miss Abdurrahman, who graduated in Constantinople, and Miss Pabon, from Porto Rico, were among the group of guests, and added greatly to the general enjoyment. Miss Abdurrahman, when invited, enquired anxiously whether the Canadian mosquito would also be present, as she had made his acquaintance, to her sorrow, when spending a week-end at Red Cross Outposts at North Bay and Trout Lake. The table groaned with good things and no one seemed a nimble runner at the game of baseball which followed.

TORONTO: Mrs. J. M. Godfrey, Convener of the Advisory Nursing Committee, entertained the staff of the Toronto Branch V.O.N. at a picnic on June 7 at her lovely home at Port Credit. A large motor bus brought the party from Toronto, and all enjoyed the flowers, the lake and delicious refreshments.

MARRIED: On April 20, 1933, Eileen M. Magnon (St. John's Hospital, Class of 1922), to Mr. Robert Yule, of Cobourg.

MARRIED: On February 2, 1933, Edna Ford (St. John's Hospital, Class of 1931), to Dr. Clive Lyons, of Lindsay.

OSHAWA: At the April meeting of the Alumnae Association of the Oshawa General Hospital, it was decided to hold an organization meeting and to form a chapter of District 5 of the R.N.A.O. This meeting was held on April 12, and Miss Beamish of the Western Hospital, Toronto, was the principal speaker. She outlined the purpose and plans of the chapter, and the election of officers resulted as follows: President, Miss N. Fidler, Ontario Hospital, Whitby; Vice-President, Miss Haires of the public health staff; Secretary-Treasurer, Miss Reid, Oshawa; Programme Convener: Mrs. Chant, Oshawa; Convener of Private Duty Section: Miss Tribble, Oshawa; Convener, Public Health Section: Miss Ann Scott. At the close of the business meeting a social hour followed, which gave all the new members a chance to become acquainted.

MARRIED: On April 15, 1933, at Bowmansville, Neta Pierce (Oshawa General Hospital, 1932), to James McNaught, of Oshawa.

DISTRICT 6.

PETERBOROUGH: A meeting of District 6 was held in the Nicholl's Hospital, on May 18, with twenty-five members present, representing Port Hope and Peterborough only. The meeting was called to order by Miss Bell, president of the district, and the members answered the roll-call by giving the name of a muscle or bone. Miss Bell spoke briefly of the district's sad loss in the death of Miss Simmons, and it was moved by Sister Gonzoga, Peterborough, that a letter of sympathy be sent to Miss Simmons' relatives. Mrs. Leeson gave a report of Nurse Education Fund, showing a very successful year. Miss Anderson gave a very interesting paper on the convention held in Windsor, which was followed by discussion of the purpose of the Nurse Education Fund. Dr. C. M. Scott gave a very instructive talk, with pictures, on DISEASE AND ITS TREATMENT IN INDIA. After the adjournment of the meeting, tea was served in the reception room.

DISTRICT 8.

CORNWALL: District 8, R.N.A.O. held its spring meeting on May 27, at the Hotel Dieu Hospital, Cornwall. Miss Dorothy Percy presided. The visitors were welcomed by Rev. Father D. A. McPhee, Dr. C. J. Hamilton, Medical Officer of Health for Cornwall, and Dr. H. J. Mack, President of the Cornwall Medical Association. Routine business was disposed of in the morning, and

reports given of the recent R.N.A.O. convention at Windsor, by Miss Acland, Miss Jean Church and Miss Percy. At the luncheon which was held at the Cornwallis Hotel, Mr. F. B. Brownridge, Secretary of the Board of Governors of the Cornwall General Hospital, was Chairman, and introduced Mr. George E. Brennan, one of Cornwall's leading barristers, who delivered an address on the nursing profession. At the afternoon session Miss Eileen Flanagan, of the Royal Victoria Hospital, Montreal, who recently returned from post-graduate work in English and Scottish hospitals, gave an informal talk on her experiences in a number of hospitals in London, Manchester, Liverpool, Glasgow, Edinburgh and Belfast. Miss Ethel Johns, Editor of *The Canadian Nurse*, followed with a challenging address, pointing out the responsibility of the individual nurse for the success of our own magazine. At the close of the meeting, afternoon tea was served by the Reverend Sisters, Miss McLellan, and the nurses.

OTTAWA: A meeting of the Lady Stanley Alumnae Association was held at the Royal Ottawa Sanitorium with Miss Mabel Stewart as hostess. Miss Jean Wilson, executive secretary of the Canadian Nurse Association, spoke of the aims and work of the magazine and of its importance to all nurses. An inspiring address was given by Miss Thelma Williams, of the Welfare Bureau. Officers for the coming year were elected as follows: President: Miss Jean Blyth; Vice-President: Miss M. McNiece; Treasurer: Miss M. Slinn; Secretary: Mrs. R. L. Morton; Directors: Miss E. McColl, Miss McQuade, Miss Belford, Mrs. W. C. Elmitt; Press Representative: Miss Evelyn Allen; Representative to THE CANADIAN NURSE: Miss Anne Ebbs.

OTTAWA: The President and the Executive of the Alumnae Association of the Ottawa Civic Hospital School of Nursing were hostesses recently to the graduate staff and members of the Association at the tea hour. Over one hundred guests were received by Miss Gertrude Bennett, Superintendent of Nurses, Miss Emily Maxwell, and Miss Edna Osborne, President of the Association. The table was attractively arranged with spring flowers and tapers in pastel shades. Mrs. Wilfred Parmalee, Mrs. Eldon Veitch and the Misses Gertrude Moloney and Evelyn Pepper presided, and were assisted by the Misses Dorothy Moxley, Evelyn Jeffrey, Wynn Drake, Hazel Gilson, Jean Craig, Grace Froats, Gladys Roy, Harriet Campbell, Mary Luton and Gladys Moorhead. Mrs. G. W. Dunning and Miss Elizabeth Curry were conveners.

MARRIED: At Erskine Presbyterian Church, Ottawa, on March 25, 1933, by the Rev. Dr. George E. Ross, Frances Louise Wilson (Ottawa Civic Hospital, 1931), to Stuart Evans Hanson, of Hull.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The graduating exercises of the School of Nursing of the Prince Edward Island Hospital were held on May 12, in St. Paul's Hall, Charlottetown. The diplomas were presented by His Worship Mayor Stewart, and the graduating class received beautiful bouquets from the Women's Auxiliary of the Hospital, who also arranged a pleasing programme for the occasion. The address to the nurses was delivered by Dr. F. W. Tidmarsh of the Polyclinic. Following the exercises, an informal reception was held in the Nurses Home, where Miss Mair, Superintendent of the School, was hostess to the nurses and their friends.

QUEBEC

MONTREAL: The dinner given annually by the Alumnae Association of the Royal Victoria Hospital in honour of the graduating class was held in the Ritz Carlton Hotel on the evening of May 3. There were about two hundred present. The tables were decorated with daffodils and iris, and silver candelabra with yellow candles. The guest speaker was Miss Ethel Johns, who gave an address on THE ARISTOCRATIC TRADITION IN NURSING. Miss Hersey announced the prize winners who were: HIGHEST STANDING, FIRST DIVISION: Helen MacKay; HIGHEST STANDING, SECOND DIVISION: Edna Janes; WARD REPORTS, FIRST DIVISION: Helen Mills; WARD REPORTS, SECOND DIVISION: Grace Vanderwater.

SASKATCHEWAN

MOOSE JAW: The staff of the General Hospital entertained the graduating class of 1933 at a theatre party followed by a reception.

MOOSE JAW: The student nurses of Providence Hospital recently entertained a number of friends. The evening was spent in card playing and dancing.

MOOSE JAW: At a recent meeting of the Graduate Nurses Association, it was decided that the graduate nurses' fees be reduced, for the present, to $3.50 for 12 hour duty, and $5.00 for 24 hour duty. Formerly the charge was $5.00 for 12 hour duty.

. . . OFF . . . DUTY . . .

Everybody seems to be taking ship . . . Montreal is full of nurses . . . going places . . . and seeing things . . . flaunting leaflets . . . decorated with pictures . . . of the Arc de Triomphe . . . and the Louvre . . . it gives us . . . what the French call . . . une nostalgie . . . which means the way you feel . . . when you think of . . . how Paris looks . . . from a little steamer . . . on the Seine . . . on summer evenings . . . we hope our official delegates . . . will not be too busy . . . making the world safe . . . for democracy . . . or nursing education . . . or even public health . . . to stand on a safety island . . . if it is still there . . . on la Place de la Concorde . . . and look up . . . Les Champs Elysées . . . about four o'clock . . . on a fine afternoon . . . something strange happens . . . especially if a French regiment . . . or la Garde Republicaine . . . comes marching by . . . this is the French equivalent . . . of looking across the Thames . . . from St. Thomas's Hospital . . . or over St. James Park . . . about ten at night . . . and hearing the wild water-fowl . . . give drowsy croaks . . . in the middle of London . . . and we always liked . . . to see the policeman . . . on point duty . . . just outside Victoria Station . . . even on winter nights . . . after a grisly Channel crossing . . . his cape glistening with rain . . . there was something about him . . . which made this English heart . . . respond in the same way . . . as the French heart . . . which is lifted up when it hears . . . a military band . . . play Sambre et Meuse . . . an inspiring performance . . . even to a foreigner . . . a wet policeman . . . is not a romantic object . . . but the English are not . . . a romantic people . . . they take their pleasures sadly . . . and their policeman seriously . . . which may account . . . for the Commonwealth of Nations . . . but we must not discuss politics . . .

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Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1)Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4)Miss Mabel McMullen, St. Stephen.

Nova Scotia:(1)Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2)Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown,

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; PUBLIC HEALTH: Miss M. Moag, 1246 Bishop St., Montreal; PRIVATE DUTY: Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; VICE-CHAIRMAN: Miss M. F. Gray, University of British Columbia, Vancouver; SECRETARY: Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; TREASURER: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa,

COUNCILLORS—**Alberta:** Miss J. Connal, General Hospital, Calgary. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario:** Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg.

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PUBLIC HEALTH SECTION

CHAIRMAN: Miss M. Moag, 1246 Bishop St., Montreal; VICE-CHAIRMAN: Miss M. Kerr, 946 20th Ave. W., Vancouver; SECRETARY-TREASURER: Mrs. I. Manson Prince, School for Graduate Nurses, McGill University, Montreal.

COUNCILLORS—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto. **Prince Edward Island:** Miss Ina Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeney, Dept. of Public Health, Parliament Buildings, Regina. CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 3629 W. 2nd Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; Conveners of Committees: Public Health, M. Duffield, 175 Broadway E., Vancouver; Private Duty, M. Mirfield, 516 Vancouver Block, Vancouver; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton; Honorary Secretary, Sister Kenny, Hotel Dieu Hospital, Chatham; Conveners—Nursing Education Section: Sister Kerr, Hotel Dieu Hospital, Campbellton; Public Health Section: Miss Ada A. Burns, Health Centre, Saint John; Private Duty Section: Miss Mabel McMullin, St. Stephen; Constitution and By-Laws, Miss Sarah Brophy, Fairville, N.B.; Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., St. John; Council Members, Saint John, Miss Dykeman, Miss Coleman, Moncton, Miss Myrtle Kay, Woodstock, Miss Elsie M. Tulloch. Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Children's Hospital, Halifax; Second Vice-President, Miss Ethel Grant, Infectious Diseases Hospital, Halifax; Third Vice-President, Miss Gertrude MacKenzie, 55½ Lemarchant St., Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Corresponding Secretary, Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, Nurse Education Section, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, Private Duty Section, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, Public Health Section, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1:* Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3:* Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept., of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road East, Toronto; *District No. 6:* Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterboro; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers-Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Anita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1336 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrissette; Representative, "*The Canadian Nurse*", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

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BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital

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A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant. Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash Street; President, Mrs. W. E. Harry, Winnipeg General Hospital; First Vice-President, Miss Emily Parker, 580 Broadway Avenue; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss M. Cowie, Winnipeg General Hospital; Corresponding Secretary, Mrs. A. Swan, 20 Dalkeith Apts. Recording Secretary, Miss J. Landy, Winnipeg, General Hospital; Treasurer, Miss M. Macdonald, Central T. B. Clinic; Sick Visiting, Miss Jean Machray, Winnipeg General Hospital; Membership, Miss Helen Turner, 133 Spence Street; Programme, Miss A. Pearson, Winnipeg General Hospital; Editor of Journal, Miss Ruth Monk, 134 Westgate; Assistant Editor, Miss Grace Gourley, 230 Oxford Street; Business Manager, Miss E. Timlick, Winnipeg General Hospital

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneaux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital,

Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A.A., Brockville General Hospital

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CHATHAM

A.A. Public General Hospital

Hon. President, Miss P. Campbell; President, Miss D. Thomas; First Vice-President, Miss B. Pardo; Second Vice-President, Miss H. Simpson; Recording Secretary, Miss K. Crackel, 12 Duluth St., Chatham; Corresponding Secretary, Miss R. Willmore; Treasurer, Miss E. Mummery, 35 Emma St., Chatham; Representative, The Canadian Nurse, Miss M. McDougall.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse; Miss Ruth Winter; Representative District No. 1, R.N.A.O.: Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative: THE CANADIAN NURSE, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.A.O., Miss G. Hall; Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

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A.A., Kingston General Hospital

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A.A., Kitchener and Waterloo General Hospital

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A.A., Victoria Hospital

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NIAGARA FALLS

A.A., Niagara Falls General Hospital

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A.A., Lord Dufferin Hospital

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ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss A. V. Reekie; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvies; Secretary-Treasurer, Miss Alice M. Smith, 18 Matchedash St. S. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

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OTTAWA

A.A. Lady Stanley Institute (Incorporated 1918)

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A.A., Ottawa Civic Hospital

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A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative to *"The Canadian Nurse"*, Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

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A.A. Owen Sound General and Marine Hospital

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PETERBORO

A.A., Nicholls Hospital

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A.A., Sarnia General Hospital

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STRATFORD

A.A., Stratford General Hospital

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ST. CATHARINES

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A.A. Memorial Hospital

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A.A., Grace Hospital

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A.A., Hospital for Sick Children

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A.A., Riverdale Hospital

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A.A., St. John's Hospital

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A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jean; President, Miss Ethel Crocker; First Vice-President, Mrs. Aitkin; Second Vice-President, Miss Mary Edwards; Third Vice-President, Miss Helen Dunnigan; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 42 Isabella St., Apt. 204, Toronto; Press Representative, Miss May Greene; Councillors Misses J. O'Connor, M. Madden, H. Kerr; Private Duty, Miss A. Gaudet; Public Health, Miss I. McGurk; Representative Central Registry of Nurses, Toronto, Miss M. Melody.

A.A., Toronto General Hospital

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A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

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A.A., Toronto Western Hospital

Hon. President, Miss B. L. Ellis; President, Miss F. Matthews, Toronto Western Hospital; Vice-President, Miss E. Bolton; Recording Secretary, Miss Maude Campbell; Secretary-Treasurer, Miss Isabel Buckley, Toronto Western Hospital; Representative to "The Canadian Nurse", Miss A. Woodward; Representative to Local Council of Women, Mrs. I. MacConnell; Hon. Councillors, Mrs. Annie Yorke; Mrs. I. MacConnell; Councillors, Misses Annie Cooney, L. Stacey, G. Sanders, H. Milne, G. Paterson, Marie Kolb; Social Committee, Misses O. MacMurchy, M. Hamilton, G. Folliott; Flower Committee, Misses M. Ayerst, H. Stewart; Visiting Committee, Misses V. Stevenson, B. Hamilton; Layette Committee, Misses J. Cooper, F. Ballantyne.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., Wellesley Hospital

Hon. President, Miss Ross; President, Miss M. McClinchey; Vice-President, Miss Jessie Gordon; Corresponding Secretary, Miss Margaret Anderson; Treasurer, Miss I. Archibald, 657 Huron St.; Correspondent to "The Canadian Nurse", Miss I. Onslow.

A.A., Women's College Hospital

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss Harriett Meiklejohn; President, Mrs. Scullion; Secretary, Miss Grace Clarke, 42 Delaware Ave.; Treasurer, Miss Fraser, Women's College Hospital.

A.A., Hospital Instructors and Administrators, University of Toronto

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A.A., Department of Public Health Nursing, University of Toronto

Hon. President, Miss E. K. Russell; President, Miss Barbara Blackstock; Vice-President, Miss E. C. Cale; Recording Secretary; Miss I. Park; Secretary-Treasurer, Miss C. C. Fraser, 423 Gladstone Ave., Toronto, Ont.; Conveners: Social, Miss E. MacLauren; Programme, Miss McNamara; Membership, Miss Edna Clarke.

WESTON

A.A., Connaught Training School for Nurses, Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss E. F. Hawkins; Vice-President, Miss A. Bolwell; Secretary, Miss G. Leeming; Treasurer, Miss R. McKay.

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A.A., Hotel Dieu

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WOODSTOCK

A.A., General Hospital

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QUEBEC

LACHINE

A.A., Lachine General Hospital

Hon. President, Miss M. L. Brown; President, Miss M. Lapierre; Vice-President, Mrs. R. Wilson; Secretary-Treasurer, Miss A. Roy, 379 St. Catherine St., Lachine, P.Q.; Executive Committee, Miss M. McNutt, Miss L. Byrnes.

Meeting, first Monday each month.

MONTREAL

A.A., Children's Memorial Hospital

Hon. President, Miss A. Kinder; President, Miss M. Flanders; Vice-President, Miss G. Gough; Secretary, Miss G. Murray; Treasurer, Miss H. Easterbrook; Rep. Canadian Nurse, Miss J. Argue; Sick Nurse's Committee, Miss J. Cochrane, Miss E. MacIntosh; Social Committee, Miss F. Atkinson, Miss M. Wilson, Miss B. Wright, Miss L. Destromp; Executive Committee, Mrs. Moore, Miss V. Schneider.

A.A., Homeopathic Hospital

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L'Association des Gardes-Malades Graduees de l'Hopital Notre-Dame

Executif: Mesdemoiselles Alice Lepine, Presidente; Alice Gelinas, Vice-presidente; Aline Leduc, 2ieme Vice-presidente; Suzanne Giroux, Tresoriere; Marguerite Pauze, Secretaire; Conseilleres: Mesdemoiselles Germaine Brisset, Irene Rouillard, Eugenie Tremblay, Francoise Chevrier, Juliette Beaulieu.

A.A., Montreal General Hospital

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A.A., Royal Victoria Hospital

Hon. Presidents, Miss A. E. Draper, Miss M. F. Hersey; President, Mrs. F. A. C. Scrimger; First Vice-President, Miss G. Godwin; Second Vice-President, Miss E. Allder; Recording Secretary, Miss E. B. Rogers; Secretary-Treasurer, Miss R. Jamer; Executive Committee, Miss M. F. Hersey, Mrs. E. Roberts, Mrs. G. C. Malhado, Misses M. Etter, E. Reid, A. Bulman; Conveners of Committees, Finance, Miss B. Campbell; Sick Visiting, Mrs. G. R. MacKay; Programme, Mrs. A. H. Hawthorne; Refreshments, Miss E. Henningar; Private Duty Section, Miss R. Cochrane; Representative to Local Councils of Women, Mrs. V. Linnell, Miss J. Stevenson; Representative The Canadian Nurse, Miss G. Martin.

A.A., Western Hospital

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A.A., Women's Gen. Hosp., Westmount

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A.A., School for Graduate Nurses, McGill University

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A.A., Sherbrooke Hospital

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